

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90311 014 ***158.75

DOCUMENT # P96000080551

1. Entity Name

MCDONNELL CONSTRUCTION COMPANY, INC.

Principal Place of Business

**16409 CYPRESS WATER WAY
 413
 TAMPA FL 33624**

Mailing Address

**16409 CYPRESS WATER WAY
 413
 TAMPA FL 33624**

2. Principal Place of Business

3806 CARROLLWOOD PLACE CIR

3. Mailing Address

3806 CARROLLWOOD PLACE CIR

Suite, Apt. #, etc.

SUITE 207

Suite, Apt. #, etc.

SUITE 207

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33624

Country

Zip

33624

Country

4. FEI Number

59-3404149

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDONNELL, DAVID B SR.
 16409 CYPRESS WATER WAY
 413
 TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3806 CARROLLWOOD PLACE CIR

SUITE 207

TAMPA

FL

Zip Code 33624

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DAVID B. MCDONNELL SR

(NOTE: Registered Agent signature required when reinstating)

25 APR 2002

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **PTD MCDONNELL, DAVID B SR.**
 STREET ADDRESS **3274 FOX LAKE DRIVE**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PTD MCDONNELL, DAVID B SR.**
 STREET ADDRESS **3806 CARROLLWOOD PLACE CIR #207**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☒ Addition
 NAME **V.S. CAROLYN D. WHITE**
 STREET ADDRESS **3806 CARROLLWOOD PLACE CIR #207**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID B. MCDONNELL SR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

25 APR 02 813 961-9674

CR2E034 (9/01)