

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090127

1. Entity Name

MARY TODD VEND & DIST. INC

**FILED**  
Jun 15, 2001 8:00 am  
Secretary of State

05-11-2001 90126 028 \*\*\*150.00

Principal Place of Business

Mailing Address

2744 EDISON AVE.  
FT. MYERS FL 33904

2744 EDISON AVE.  
FT. MYERS FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0184818

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORCHIA, FRANK  
1300 SE 28 TERRACE  
CAPE CORAL FL 33901

Name MICHAEL MCCREANON  
Street Address (P.O. Box Number is Not Acceptable)  
1300 S.E. 28 TERR  
City Cape Coral FL Zip Code 33904

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

Michael McCreanon

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

(NOTE: Registered Agent signature required when renewing)

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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	MCCREANUR, MARY	
STREET ADDRESS	1300 S E 28TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOULTON, COLIN	
STREET ADDRESS	1543 EVANS	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MCCREANUR, BEVERLY	
STREET ADDRESS	1300 SE 28TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD W. MCCREANON	
STREET ADDRESS	1300 S.E. 28 TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard W. McCreanon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/2001 941-337-2025

RICHARD W. MCCREANON

CR2E034 (10/00)