

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030152

1. Entity Name

GAIL MCCARDLE ORIGINALS, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90030 048 \*\*\*150.00

Principal Place of Business

~~4065 REYNOLDS ROAD~~  
~~MALABAR FL 32950~~

2755 Grouper Dr  
Marathon, FL 33050

Mailing Address

~~4065 REYNOLDS ROAD~~  
~~MALABAR FL 32950 4140~~

2755 Grouper Dr.  
Marathon, FL 33050

2. Principal Place of Business

2755 Grouper Dr  
Suite, Apt. #, etc.

3. Mailing Address

2755 Grouper Dr  
Suite, Apt. #, etc.

City & State

Marathon, FL

City & State

Marathon, FL

4. FEI Number

59-3438134

Applied For

Not Applicable

Zip

33050

Country

US

Zip

33050

Country

US

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

MCCARDLE, GAIL C  
~~4065 REYNOLDS ROAD~~  
~~MALABAR FL 32950~~

2755 Grouper Dr  
Marathon, FL 33050

Name

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

City

FL

Zip Code

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

*Gail C. McCardle*

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

(NOTE: Registered Agent signature required when reinstating)

3/17/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARDLE, GAIL C	
STREET ADDRESS	4065 REYNOLDS ROAD	
CITY - ST - ZIP	MALABAR FL 32950	
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
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2755 Grouper Dr	
CITY - ST - ZIP	Marathon, FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Gail C. McCardle* GAIL C. McCardle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

Date

305-743-5873

Daytime Phone #

FILED 04/03/00