## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P97000049608 DOCUMENT #

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

MCCARRON CONSTRUCTION, INC.



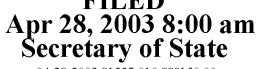
Principal Place of Business Mailing Address 811 SW 44TH ST P O BOX 150148 CAPE CORAL FL 33915 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address ane പാപ്പു SW Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 65-0743307 Not Applicable Country-\$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCCARRON, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 2528 SW 15 AVE CAPE CORAL FL 33914 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE MULLIAR HICHAEL AMCCORROL (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE Delete MCCARRON, MICHAEL A NAME NAME 2528 SW 15 AVE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-7/P Addition ☐ Change ☐ Delete TITLE MCCARRON, MARGUERITE NAME NAME STREET ADDRESS 2528 SW 15 AVE STREET ADDRESS CİTY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME

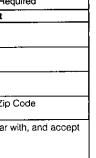
STREET ADDRESS

CITY-ST-ZIP

## FILED

04-28-2003 91337 010 \*\*\*150.00





12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #