

0524928

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000063623**

1. Entity Name

**THE MCQUEEN GROUP, INC.****FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90068 032 \*\*\*150.00

Principal Place of Business

930-40TH AVE. N.  
ST. PETERSBURG FL 33703

Mailing Address

P O BOX 76391  
ST PETERSBURG FL 33734  
US

2. Principal Place of Business

689 - Ninth Street No.

3. Mailing Address

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

City &amp; State

St Petersburg, FL

City &amp; State

Zip

33701

Country

USA

Zip

Country

4. FEI Number

59-3461768

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

JOHN T MCQUEEN  
C/O ANDERSON MCQUEEN CO  
2201 NINTH ST NO  
ST PETERSBURG FL 33704

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete  
NAME D  
STREET ADDRESS MCQUEEN, JOHN T  
CITY-ST-ZIP 3990 59TH WAY NORTH  
ST. PETERSBURG FL 33709TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCQUEEN, NICOLE P  
CITY-ST-ZIP 3990 59TH WAY NORTH  
ST. PETERSBURG FL 33709TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 duly empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. McQueen 1/3/01

Date

Daytime Phone #

(727)

823-1610

CR2E034 (10/00)