

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90291 013 ***150.00

DOCUMENT # P97000075733

1. Entity Name
MCQUARRY ENTERPRISES, INC.



Principal Place of Business
5625 ARLINGTON RD
JACKSONVILLE FL 32211

Mailing Address
5625 ARLINGTON RD
JACKSONVILLE FL 32211

2. Principal Place of Business

6715 ARLINGTON EXPW.

Suite, Apt. #, etc.
JACKSONVILLE, FL

City & State

3. Mailing Address

6715 ARLINGTON EXPW.

Suite, Apt. #, etc.
JACKSONVILLE, FL

City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3464952

Applied For
Not Applicable

Zip
32211

Country
DUAL

Zip
32211

Country
DUAL

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

6. Name and Address of Current Registered Agent

MCQUARRY, JOHN A
4234 SNOWDON LANE
JACKSONVILLE FL 32225

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John McQuarry*

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 13, 2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCQUARRY, JOHN A
STREET ADDRESS 4234 SNOWDON LANE
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE ST
NAME MCQUARRY, ELIZABETH J
STREET ADDRESS 4234 SNOWDON LANE
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 13, 2003
904 978-8736

CR2034 (10/02)