

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90126 011 ***150.00

DOCUMENT # P97000096408

1. Entity Name
MCCARLEY ENTERPRISES, INC.

Principal Place of Business
 12358 JESS WALDEN ROAD
 DOVER FL 33526

Mailing Address
 12358 JESS WALDEN ROAD
 DOVER FL 33526

839740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3520 WINDCHIME LN.
 Suite, Apt. #, etc.

3. Mailing Address
3520 WINDCHIME LN
 Suite, Apt. #, etc.

City & State
DOVER, FL

City & State
DOVER, FL

4. FEI Number NOT APPLICABLE

Applied For
 Not Applicable

Zip 33527 **Country** US

Zip 33527 **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

MCCARLEY, GERALD W
 12358 JESS WALDEN ROAD
 DOVER FL 33526

Name
Street Address (P.O. Box Number is Not Acceptable)
3520 WINDCHIME LN.
City DOVER **FL** **Zip Code** 33527

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 Gerald W. McCarley - Gerald W. McCarley - PRES **4/16/02**
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, 2002 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 Delete
NAME D MCCARLEY, GERALD W
STREET ADDRESS 12358 JESS WALDEN ROAD
CITY-ST-ZIP DOVER FL 33526

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete
NAME D MCCARLEY, MELINDA J
STREET ADDRESS 12358 JESS WALDEN ROAD
CITY-ST-ZIP DOVER FL 33526

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
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STREET ADDRESS
CITY-ST-ZIP

Delete
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STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
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: Gerald W. McCarley - Gerald W. McCarley **4/16/02** **(813) 246-5221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0417565 AV

CR2E034 (9/01)