

2001 UNIFORM BUSINESS REPORT (UBR)

5/11.

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-11-2001 90131 050 ***150.00

DOCUMENT # **P980000011821**

1. Entity Name

GREGORY MCPHEE DRAFTING & DESIGN INC.

Principal Place of Business

Mailing Address

**3228 EVANS AVE.
 FORT MYERS, FL 33901**

**3228 EVANS AVE
 FORT MYERS, FL 33901**

2. Principal Place of Business
764 JULY CIRCLE

3. Mailing Address
764 JULY CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NORTH FORT MYERS, FL

City & State
NORTH FORT MYERS, FL

Zip
33903

Country
USA

Zip
33903

Country
USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
J. SCOTT MCPHEE

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

City
NORTH FORT MYERS

FL

Zip Code
33903

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]*

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST MCPHEE, GREGORY 3228 EVANS AVE. FORT MYERS, FL 33901 | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST MCPHEE, GREGORY 764 JULY CIRCLE NORTH FORT MYERS, FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 empowerments.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)