2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P990000325

1. Entity Name



Feb 14, 2003 8:00 am Secretary of State

FILED

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		COD WE 18

D. A. MCN/	ALLY, ING.		V. Save				
Principal Place 695 A1A NORTH PONTE VEDRA I		Malling Address 695 A1A NORTH #70 PONTE VEDRA BEACH FL 32	082				
2. Principal Pla 10628 Suite, Apt. #	ce of Business Duail Ridge Dr etc.	3. Mailing Address Suite, Apl. #, etc.	vait Ridg	eDe,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IF MAKING CHANGES	2), 61 , 1 3 11, 1441
City & State	gustine FL	City & State St. Augustine	e, FL	4.	59-3575370	No	oplied For ot Applicable
Zip 320	195 Country U.S.		Country		Certificate of Status Desired Name and Address of New R	\$8.75 Adress Require	
	6. Name and Address of Current R	egistered Agent	Name-	· · · · · · · · · · · · · · · · · · ·	Name and Address of New A	£//	
MCNALLY, 695 A1A N	ORTH #70		//	dress (P.O.E	Box Newber is Nov Arceptable	o H Pidge D	RI
	DRA BEACH FL 32082		City S	7.Au	gustine	FL Zips	095
the obligation	named entity submits this statement for one of registered agent.	Mally	gistered office or r	cke	tany	DATE	and accept
FII After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of				Election Campaign Fir Trust Fund Contribution	on. 🗌 Adde	00 May Be d to Fees
10.	OFFICERS AND I	DIRECTORS	11.		DDITIONS/CHANGES TO OFF		
TITLE NAME STREET ADDRESS	D MCNALLY, DAVID A 695 ATA NORTH #70	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McNa 1062 St. A	114, David A 18 Quail Ric Augustine, FL	My DR, 32095	Addition
TITLE NAME STREET ADDRESS	PONTE VEDRA BEACH FL 32082 D MCNALLY, SHEILA C 695 A1A NORTH #70	☐ Delete	TITLE NAME STREET ADDRESS • CITY-ST-ZIP	MCN. 1062	114, David A 28 Quail Ric Augustine, FL ally, sheila c 18 Quail Ridg Augustine, FL	☑ Change 22 De . 22095	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ `ST 1_f	70 7 037 1107 1	Change	. Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition