2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State
02-14-2003 90211 032 ***158.75

DOCUMENT # P99000032558

1. Entity Name
D. A. MCNALLY, INC.

Principal Place of Business
695 A1A NORTH #70
PONTE VEDRA BEACH FL 32082

Mailing Address
695 A1A NORTH #70
PONTE VEDRA BEACH FL 32082

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 10628 Quail Ridge Dr
Suite, Apt. #, etc.
City & State: St. Augustine, FL
Zip: 32095 Country: U.S.

3. Mailing Address: 10628 Quail Ridge Dr.
Suite, Apt. #, etc.
City & State: St. Augustine, FL
Zip: 32095 Country: U.S.

4. FEI Number 59-3575370 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MCNALLY, DAVID A
695 A1A NORTH #70
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent
Name: McNally, David A
Street Address (P.O. Box Number is Not Acceptable): 10628 Quail Ridge Dr.
City: St. Augustine FL Zip Code: 32095

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: Sheila McNally Secretary DATE: 2.4.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCNALLY, DAVID A 695 A1A NORTH #70 PONTE VEDRA BEACH FL 32082	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCNALLY, SHEILA C 695 A1A NORTH #70 PONTE VEDRA BEACH FL 32082	☐ 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	D McNally, David A 10628 Quail Ridge Dr. St. Augustine, FL 32095	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McNally, Sheila C 10628 Quail Ridge Dr. St. Augustine, FL 32095	☒ Change ☐ Addition
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
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: Sheila McNally 2.4.03 904.825.4191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)