2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am § P99000091157 DOCUMENT # **Secretary of State** 1. Entity Name 03-06-2002 90010 016 ***150.00 MCNALLY REALTY HOLDINGS, INC. Principal Place of Business Mailing Address 6395 34TH ST. NORTH 6395 34TH ST. NORTH PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3610295 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VERONA LAW GROUP, P.A. Street Address (P.O. Box Number is Not Acceptable) 7235 CENTRAL AVE. ST. PETERSBURG FL 33707 City 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. SIGNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 ŤITLE Delete TITLE ☐ Addition MCNALLY, KEVIN T nāme NAME STREET ADDRESS STREET ADDRESS 6395 34TH ST. NORTH CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE ☐ Change NAME MCNALLY, TERRENCE J SR. NAME STREET ADDRESS STREET ADDRESS 6395 34TH ST. NORTH CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP TITLE ` 🖾 Delete 🖺 TITLE Change -- 🔄 Addition NAME MCNALLY, TERRENCE J JR. NAME STREET ADDRESS STREET ADDRESS 6395 34TH ST. NORTH CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS 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

SIGNATURE:

changed, or on an attachment with an address, with all other

7. J. McMally JR 2-19-02