

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S43651

1. Entity Name

SANDRA MCNEIL & COMPANY, INC.

2

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90007 013 ***150.00

Principal Place of Business

825-B EAST GULF BLVD.
INDIAN ROCKS BCH FL 33785
US

Mailing Address

825-B EAST GULF BLVD.
INDIAN ROCKS BCH FL 34635
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3089470

Applied For

Not Applicable

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

SANDRA A MCNEIL
825B E GULF BLVD
INDIAN ROCKS BCH FL 34635

Name

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

City

FL

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P ☐ Delete
NAME SANDRA A MCNEIL
STREET ADDRESS 825B E GULF BLVD
CITY-ST-ZIP INDIAN ROCKS BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Sandra A. McNeil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA A. MCNEIL

7-18-00
Date

727-463-5505
Daytime Phone #

CR2E034 (5/00)

7-18-00
A0069727
S43651

Fl. Dept. of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Sirs: Re: FEI 59-3089470
I am enclosing a check for \$150.00. I have
never received any other form from you.
This is the only one I have ever seen.
I can be reached on my cell. phone if you
need to call me at 727-463-5505.
Thank you.

Andrea A. McNeil

Andrea McNeil & Co.
825 B East Gulf Blvd.
Indian Rocks Beach, Fl. 33785

Enc.