

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90137 001 *1,100.00

DOCUMENT # S53527

1. Entity Name
MCFADDEN & SONS, INC.

Principal Place of Business
225 CEDAR PARK ACIRCLE
SARASOTA FL 34242

Mailing Address
5166 KESTRAL PARK TERR
SARASOTA FL 34231

2. Principal Place of Business
5166 KESTRAL PARK TERR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA, FL.

City & State

4. FEI Number **65-0261000**

Applied For

Not Applicable

Zip
34231

Country
USA

Zip

Country

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

MCFADDEN, JERRY P
225 CEDAR PARK CIRCLE
SARASOTA FL 34242
5166 KESTRAL PARK TERR
SARASOTA, FL. 34231

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jerry P MCFadden**
 Signature, typed or printed name of registered agent, 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, 2002 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	P MCFADDEN, JERRY P. 225 CEDAR PARK CIRCLE SARASOTA FL 5166 KESTRAL PARK TERR SARASOTA, FL. 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCFADDEN, JERRY P. 225 CEDAR PARK CIRCLE SARASOTA FL 5166 KESTRAL PARK TERR SARASOTA, FL. 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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CR2E034 (4/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/02 (941) 926-1894