2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90154 025 ***150.00

DOCUMENT # P99000091449

1. Entity Name
MCDERMOTT & LUCAS, P.A.

Principal Place of Business	Mailing Address
411 NORTH PENINSULA DRIVE DAYTONA BEACH FL 32118	411 NORTH PENINSULA DRIVE DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
433 Silver Beach Avenue		1474 W. Granada Blvd.	
Suite, Apt. #, etc.: Suite 203		Suite, Apt. #, etc.: # 440-142	
City & State: Daytona Beach, FL		City & State: Ormond Beach, FL	
Zip: 32118	Country: U.S.A.	Zip: 32174	Country: USA

4. FEI Number 59-3603671 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCDERMOTT, MICHAEL B
411 N PENINSULA DR
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name: Michael B. McDermott
Street Address (P.O. Box Number is Not Acceptable): 433 Silver Beach Avenue
Suite 203
City: Daytona Beach **FL** Zip Code: 32118

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] DATE: 4/11/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $150.00
After May 1, 2002 Fee will be $550.00
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	PSTD MCDERMOTT, MICHAEL B 411 NORTH PENINSULA DRIVE DAYTONA BEACH FL 32118	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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] SIGNATURE REQUIRED 4/11/02 (386) 253-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #