

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91404 009 ***150.00

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DOCUMENT # 137333

1. Entity Name

MCKAY POINT PROPERTIES, INC.

Principal Place of Business

SNEADS ISLAND ROAD

P. O. BOX 367

PALMETTO FL 34220-0367

Mailing Address

SNEADS ISLAND ROAD

P. O. BOX 367

PALMETTO FL 34220-0367

2. Principal Place of Business

5225 Inead Island Rd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

Zip

34221

Country

USA

Zip

Country

4. FEI Number

59-2470508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JAMES A. ALDERMAN, JR.

712 1/2 32ND AVE. W.

PALMETTO FL 33561

7. Name and Address of New Registered Agent

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 \$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

TITLE	PD	☐ Delete
NAME	ALDERMAN, J A JR	
STREET ADDRESS	712 1/2 32ND AVE W	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VD	☐ Delete
NAME	ALDERMAN, GARY G	
STREET ADDRESS	702-32ND AVE W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	SD	☐ Delete
NAME	ALDERMAN, MARIBEL C	
STREET ADDRESS	PO BOX 567	
CITY-ST-ZIP	PALMETTO FL 34220	
TITLE	TD	☐ Delete
NAME	ALDERMAN, CAROL	
STREET ADDRESS	702-32ND AVE W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Maribel C Alderman Sec.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02

Date

941-722-2400

Daytime Phone #

CR2E034 (9/01)