

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90011 047 ***150.00

DOCUMENT # 448264

1. Entity Name

Con McKinley, Inc

Principal Place of Business

1216-C US Hwy 1
 North Palm Bch, FL
 33408

Mailing Address

1216-C US Hwy 1
 North Palm Bch FL
 33408

2. Principal Place of Business

1216-C US Hwy 1
 Suite, Apt. #, etc.
 North Palm Bch, FL
 City & State
 33408

3. Mailing Address

1216-C US Hwy 1
 Suite, Apt. #, etc.
 North Palm Bch FL
 City & State
 33408

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1543153

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

McKinley, Maureen
 11369 Twelve Oaks
 North Palm Bch, FL 33408

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, 2000 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: Vice President
 NAME: Maureen McKinley
 STREET ADDRESS: 11369 Twelve Oaks
 CITY-ST-ZIP: North Palm Bch FL 33408 ☐ Delete

TITLE: President
 NAME: John McKinley
 STREET ADDRESS: 13264 Flamingo Terr.
 CITY-ST-ZIP: Palm Bch Gardens, FL 33410 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

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

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

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:

John McKinley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/00 (561) 626-3155

Date

Daytime Phone #

CR2E034 (9/99)