## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 03, 2000 8:00 am DOCUMENT # 520712 **Secretary of State** WILLIAM J. MCCORMACK, D.P.M. - P.A. 03-03-2000 90246 013 \*\*\*150.00 Principal Place of Business Mailing Address 3003 CARDINAL DRIVE SUITE A 3003 CARDINAL DRIVE SUITE A VERO BEACH FL 32963-1043 VERO BEACH FL 32963 COLUGUUD 2. Principal Place of Business 3. Mailing Address 5601 Highway AlA 5601 Highway AlA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #110, South #110, South Applied For City & State City & State 4. FEI Number 59-1734753 Vero Beach, Florida Not Applicable Vero Beach, Florida Country Zip \$8.75 Additional 5. Certificate of Status Desired 32963 Indian River 32963 Indian River Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCCORMACK, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 3003 CARDINAL DRIVE. 5601 Highway AlA, #110 South VERO BEACH FL 32963 i, n denda Vero Beach Zip Code 32963 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE PD MCCORMACK, WILLIAM J. NAME NAME McCormack, William J. 3003 CARDINAL DRIVE STREET ADDRESS STREET ADDRESS 5601 Highway AlA, #110 South CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP Vero Beach, Florida 32963 Change Addition ☐ Delete TITLE MCCORMACK, JOANNE R. NAME McConmack, Joanne R. 3003 CARDINAL DRIVE 5601 Highway AlA, #110 South STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP Vero Beach, Florida 32963 ☐ Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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

561-231-3660