

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90024 031 ***158.75

DOCUMENT # 539235

1. Entity Name

K.V. MCHARGUE, INCORPORATED

Principal Place of Business

HIGHWAY 27 EAST
P.O. BOX 448
PERRY FL 32347

Mailing Address

HIGHWAY 27 EAST
P.O. BOX 448
PERRY FL 32347

2. Principal Place of Business

2533 US 27 EAST

3. Mailing Address

Suite, Apt. #, etc.

City & State

Perry, FL

City & State

Perry, FL

4. FEI Number

59-1759603

Applied For

Not Applicable

Zip

32348

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCHARGUE, JAMES K
2533 US 27 S
PERRY FL 32347

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

James K. M^cHargue (President)

3/6/02

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	<input type="checkbox"/> Delete
NAME	MCHARGUE, JAMES K	
STREET ADDRESS	PO BOX 448	
CITY-ST-ZIP	PERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCHARGUE, K.V.	
STREET ADDRESS	PO BOX 448	
CITY-ST-ZIP	PERRY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCHARGUE, JAMIE S.	
STREET ADDRESS	P O BOX 448 N/A	
CITY-ST-ZIP	PERRY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCHARGUE, JAMIE S.	
STREET ADDRESS	P O BOX 448 N/A	
CITY-ST-ZIP	PERRY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James K. M^cHargue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

Date

850-584-2333

Daytime Phone #

CR2E034 (9/01)