

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 642249

1. Entity Name  
JOHN MCCANN & ASSOCIATES, INC.



APPROVED  
AND  
FILED

03 AUG 27 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
~~5850 MASTERS BLVD~~  
ORLANDO, FL 32819  
US

Mailing Address  
~~215 N. EOLA DRIVE~~  
ORLANDO, FL 32801  
US

2. Principal Place of Business

7800 West Sand Lake Road  
Suite, Apt. #, etc.

Suite 213

City & State

Orlando, Florida

Zip  
32819

Country  
USA

3. Mailing Address

7800 West Sand Lake Road  
Suite, Apt. #, etc.

Suite 213

City & State

Orlando, Florida

Zip  
32819

Country  
USA

*[Handwritten signature]*

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1964920

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, LORAN A., ESQUIRE  
LOWNES, DROSDICK, DOSTER, KANTOR & REED  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name  
JOHN MCCANN

Street Address (P.O. Box Number is Not Acceptable)

7800 West Sand Lake Road, Suite 213

City  
Orlando

FL Zip Code  
32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Handwritten signature]* (NOTE: Registered Agent signature required when reinstating) DATE

JOHN MCCANN, REGISTERED AGENT

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCANN, JOHN R. 5850 MASTERS BLVD ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCANN, JOHN R. 7800 West Sand Lake Road, Suite 213 Orlando, Florida 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

8-19-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. MCCANN, PRESIDENT

Date

Daytime Phone #

CR2E034 (4/03)