FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an atta-

**SIGNATURE** 

with an address, with all other like empowered

G OFFICER OR DIRECTOR

## Apr 17, 2001 8:00 am Secretary of State 1. Entity Name MAHAFFEY, INC. 04-17-2001 90073 003 \*\*\*150.00 Principal Place of Business Mailing Address C/O RICHARD L MAHAFFEY, JR. C/O RICHARD L MAHAFFEY, JR. 1450 GROVE AVE. S. 1450 GROVE AVE. S. FT. MYERS FL 33919 FT. MYERS FL 33919 MAHAFFEY JR. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2023639 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Lec Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAHAFFEY, RICHARD L JR Street Address (P.O. Box Number & Not Acceptable) 1450 GROVE AVE. S. FT MYERS FL FL 33919 II)ATANZAS 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing, \$5.00 May Be -Tax filing requirement and elects to do so: Atter MAY 1, 2001 Fee will be \$550:00 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 11. TITLE Delete TITLE MAHAFFEY, RICHARD LEE JR NAME NAME 1450 GROVE AVE. S. STREET ADDRESS STREET ADDRESS FT. MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Celete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

4.11.01