

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90073 050 ***150.00

U014173 AV

DOCUMENT # 694217

1. Entity Name
MCCARTHY-BAYLOR, INC.

Principal Place of Business
C/O JOHN M. MCCARTHY
113 PONCE DE LEON CIRCLE
PONCE INLET FL 32127

Mailing Address
C/O JOHN M. MCCARTHY
113 PONCE DE LEON CIRCLE
PONCE INLET FL 32127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

114 Ponce De Leon Cir
Suite, Apt. #, etc.

3. Mailing Address

114 Ponce De Leon Cir
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2106427

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

MCCARTHY, JOHN M.
113 PONCE DE LEON CIRCLE
PONCE INLET FL 32127

7. Name and Address of New Registered Agent

Name

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

114 Ponce De Leon Cir

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 *John M. McCarthy*
Signature, typed or printed name of registered agent and title if applicable.

2/5/02
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 D ☐ Delete
NAME MCCARTHY, MARIA
STREET ADDRESS 201 ORANGE GROVE DR APT 1
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ Delete
NAME BAYLOR, A W
STREET ADDRESS P.O. BOX 846 N/A
CITY-ST-ZIP ORMOND BEACH FL 32174-0846

TITLE DP ☐ Delete
NAME MCCARTHY, JOHN M
STREET ADDRESS 113 PONCE DE LEON CIRCLE
CITY-ST-ZIP PONCE INLET FL 32127

TITLE D ☐ Delete
NAME PRAILLE, ROBERT A JR
STREET ADDRESS 4 HIGH BLUFF WAY
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ Delete
NAME THOMAS A. KAPKA
STREET ADDRESS 6 SHADOW CREEK WAY
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ Delete
NAME JULIE A. KAPKA
STREET ADDRESS 6 SHADOW CREEK WAY
CITY-ST-ZIP ORMOND BEACH FL 32174

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
NAME PRAILLE, Robert A, JR
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ 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: *John M. McCarthy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02 386.760.6370
Date Daytime Phone #

CR2E034 (9/01)