

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90052 040 ***150.00

DOCUMENT # F01000003205

1. Entity Name
BUSINESS ACCESSORIES, INC.



Principal Place of Business

~~150 153RD AVE., SUITE #205~~
MADEIRA BEACH FL 33708

Mailing Address

~~150 153RD AVE., SUITE #205~~
MADEIRA BEACH FL 33708

2. Principal Place of Business

15107 Madeira Way
Suite, Apt. #, etc.
suite # 351

3. Mailing Address

15107 Madeira Way
Suite, Apt. #, etc.
351

City & State

MADEIRA BEACH, FL

City & State

MADEIRA BEACH, FL

Zip

Country

33708

Pine llas

Zip

Country

33708

Pine llas

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

58-1821186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKEE, THOMAS R

~~171B MEDALLION BLVD~~

~~MADEIRA BEACH FL 33708~~

7. Name and Address of New Registered Agent

Name

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

380 B Medallion Blvd.

City

MADEIRA BEACH

FL

Zip Code

33708

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **P** ☐ Delete

NAME **MCKEE, THOMAS R**
STREET ADDRESS ~~171B MEDALLION BLVD~~
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE **ST** ☐ Delete

NAME **MCKEE, JUDITH A**
STREET ADDRESS ~~171B MEDALLION BLVD~~
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **380 B Medallion Blvd.**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **380 B Medallion Blvd.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

THOMAS R MCKEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03
Date

727 393 1964
Daytime Phone #

CR2E034 (10/02)