

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90029 016 ***163.75

DOCUMENT # F02000001917

1. Entity Name

McKay & Associates, Ltd., Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1770 E. LAS OLAS BLVD.

3. Mailing Address

PO BOX 2078

Suite, Apt. #, etc.

APT 505

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

USA

Zip

33303

Country

USA

4. FEI Number

35-1747732

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROBERT G. MCKAY, JR

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

1770 E. LAS OLAS BLVD.

City

APT 505

FT. LAUDERDALE, FL

Zip Code

33301

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	ROBERT G. MCKAY, JR
STREET ADDRESS	1770 E. LAS OLAS BLVD. #505
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	PRESIDENT
NAME	ROBERT G. MCKAY, JR
STREET ADDRESS	1770 E. LAS OLAS BLVD #505
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	SECRETARY
NAME	ROBERT G. MCKAY, JR
STREET ADDRESS	1770 E. LAS OLAS BLVD #505
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/03

954-527-0446

Daytime Phone #

CR2E034B (12/02)