

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90021 037 ***150.00

DOCUMENT # F07980

1. Entity Name
MCKILLOP & SON, INC.

Principal Place of Business

Mailing Address

1639 W. UNIVERSITY PKWY.
SARASOTA FL 34243
US

1639 W. UNIVERSITY PKWY.
SARASOTA FL 34243
US

2. Principal Place of Business

3. Mailing Address

2112 Whitfield Park Ave.
Suite, Apt. #, etc.

2112 Whitfield Park Ave.
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2053419**

Applied For

Not Applicable

Zip
34243

Country

Zip
34243

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKILLOP, H ROBERT
1639 W UNIVERSITY PKWY
SARASOTA FL 34232

Name

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

2112 Whitfield Park Ave

City

FL

Zip Code

34243

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)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKILLOP, HUGH 1639 W. UNIVERSITY PKWY. SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2112 Whitfield Park Ave
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKILLOP, H., ROBERT 1639 W. UNIVERSITY PKWY. SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2112 Whitfield Park Ave
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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:

H Robert McKillop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/01

Daytime Phone #

741 7558352

CR2E034 (10/00)