

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90119 026 ***150.00

DOCUMENT # F69170

1. Entity Name

JAMES T. MCGONIGLE, P.A.

Principal Place of Business

Mailing Address

% JAMES T MCGONIGLE
6221 BANYAN TERRACE
PLANTATION FL 33317-0438

% JAMES T MCGONIGLE
6221 BANYAN TERRACE
PLANTATION FL 33317-0438

723773

2. Principal Place of Business

70 JACQUELINE MCGONIGLE

3. Mailing Address

7027 WEST BROWARD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7027 WEST BROWARD BLVD

PMB 280

City & State

City & State

PLAN FL

PLAN, FL.

4. FEI Number

59-2167797

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

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

MCGONIGLE, JAMES T
6221 W BANYAN TERR.
PLANTATION FL 33317

Name

MCGONIGLE, JACQUELINE

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

7027 WEST BROWARD BLVD PMB 280

City

PLAN

FL

Zip Code

33317

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

Jacqueline McGonigle
JACQUELINE MCGONIGLE (PRES)

2-25-01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCGONIGLE, JAMES T.	
STREET ADDRESS	6221 BANYAN TERR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCGONIGLE, JACQUELINE	
STREET ADDRESS	6221 BANYAN TERR	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/V P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGONIGLE, JAMES T	
STREET ADDRESS	7027 WEST BROWARD BLVD PMB 280	
CITY-ST-ZIP	PLAN FL 33317	
TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGONIGLE, JACQUELINE	
STREET ADDRESS	7027 WEST BROWARD BLVD PMB 280	
CITY-ST-ZIP	PLAN FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James T. McGonigle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-01

Date

954-583-6117

Daytime Phone #

CR2E034 (10/00)