

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90418 004 \*\*\*150.00

**DOCUMENT # F99000005960**

**1. Entity Name**  
**MCKINNA CORPORATION**

**Principal Place of Business**  
**400-B N. FLAGLER DRIVE**  
**W. PALM BEACH FL 33401**

**Mailing Address**  
**400-B N. FLAGLER DRIVE**  
**W. PALM BEACH FL 33401**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **33-0697859**

Applied For

Not Applicable

**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**

**MITCHELL E. JACOBS, P.A.**  
**15001 N.W. 42ND AVE. SUITE 121**  
**MIAMI FL 33054**

Name

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

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** \_\_\_\_\_ (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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DV	<input type="checkbox"/> Delete
NAME	MILLION, CAROLYN B	
STREET ADDRESS	525 S. FLAGLER DRIVE #9C 100 Rivers Edge Lane	
CITY-ST-ZIP	W. PALM BEACH FL 33401 Palm Coast, FL 32169	
TITLE	SCD	<input type="checkbox"/> Delete
NAME	MILLION, ROBERT B	
STREET ADDRESS	525 S. FLAGLER DRIVE #9C 100 Rivers Edge Lane	
CITY-ST-ZIP	W. PALM BEACH FL 33401 Palm Coast, FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 a address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-8-02**

Date

Daytime Phone #

CR2E034 (9/01)