

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 91107 001 ***450.00

DOCUMENT # H42843

1. Entity Name

MCKAY BOULEVARD PROPERTIES, INC.

Principal Place of Business

Mailing Address

3185 S CONWAY RD
STE E
ORLANDO FL 32812

3185 S CONWAY RD
STE. E
ORLANDO FL 32812-7315
US

15221

2. Principal Place of Business

1847 North St
Suite, Apt. #, etc.

3. Mailing Address

Same 1847 North St
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Longwood FL

City & State
Longwood FL

4. FEI Number **37-5400602**

Applied For
Not Applicable

Zip
32750

Country
USA

Zip
32750

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BECKER, ANGELA E
1847 NORTH ST
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

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

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BECKER, DAVID R.	
STREET ADDRESS	1847 NORTH ST.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BECKER, ANGELA E.	
STREET ADDRESS	1847 NORTH ST.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PLANTE, GEORGE	
STREET ADDRESS	1102 WINTER SPRINGS BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PLANTE, LOIS	
STREET ADDRESS	1102 WINTER SPRINGS BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	107 Peregrine Ct	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Winter Springs FL 32708	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	107 Peregrine Ct	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Winter Springs FL 32708	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

Angela E. Becker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Angela E. Becker

Date

Daytime Phone #

4/15/00 (407) 834-4920