

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90321 050 ***150.00

DOCUMENT # H53369

1. Entity Name

MCCARTHY AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2555 NURSERY ROAD
 SUITE 101
 CLEARWATER FL 33764
 US

2555 NURSERY ROAD
 SUITE 101
 CLEARWATER FL 33764-1780
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2520470

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVELACE, WILLIAM MR.

~~2310 WEST BAY DR.~~

~~LARGO FL 33770~~

Name

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

401 LINCOLN AVE

City

CLEARWATER

FL

Zip Code

33756

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD MCCARTHY, E. MICHAEL	TITLE	
NAME	1011 WEATHERSFIELD DRIVE	NAME	
STREET ADDRESS	DUNEDIN FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	SALEMME, JEFFREY J	NAME	
STREET ADDRESS	1 HARBOR POINT PLACE	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	SHUMATE, DAVID L	NAME	
STREET ADDRESS	722 CHAVERS ST EAST	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *E. M. McCarthy* **E. M. MCCARTHY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

727-536-8772

Daytime Phone #

CR2E034 (9/99)