

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90412 012 ***150.00

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DOCUMENT # H53369

1. Entity Name
MCCARTHY AND ASSOCIATES, INC.



Principal Place of Business
**2555 NURSERY ROAD
SUITE 101
CLEARWATER FL 33764
US**

Mailing Address
**2555 NURSERY ROAD
SUITE 101
CLEARWATER FL 33764
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2520470**

Applied For
 Not Applicable

City & State

Zip 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

**LOVELACE, WILLIAM MR.
401 LINCOLN AVE
CLEARWATER FL 33756**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD MCCARTHY, E. MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	1011 WEATHERSFIELD DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE NAME	V SALEMME, JEFFREY J	<input type="checkbox"/> Delete
STREET ADDRESS	1609 HAMPTON LANE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE NAME	V SHUMATE, DAVID L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	722 CHAVERS ST EAST	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *G. McGarry* **RENEE MCCARTHY** 1/3/03 (727)536-8772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)