2001 UNIFORM BUSINESS REPORT (UBR)

Delray Beach, FL Zip 33484 Country US S. Certificate of Status Desired \$8.75 Addition \$8.75 Addition	OF STATE RPORATIONS					
Mitchell T. McRae, P.A. Principal Place of Business The Addison - Suite 100 5274 Thirton Blvd.		THED JEUNE TARY OF MVISION OF CORPC		ΛU	* H5491	
Principal Place of Business The Addison - Suite 100 6274 Linton Blvd. Delray Beach, Florida 33484 2- Principal Place of Business The Addison - Suite 100 Suite		1			. McRae, P.A.	Mitchell T.
Sile_APV_FIGHTON BIVd. Sile_APV_FIGHTON BIVd. City & State Deliray Beach, FL Delray Beach, FL Street Address of Current Registered Agent Name Mitchell T. McRae Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 6274 Linton Blvd. City Delray Beach FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 6274 Linton Blvd. City Delray Beach FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 6274 Linton Blvd. City Delray Beach FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 6274 Linton Blvd. City Delray Beach FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 6274 Linton Blvd. City Delray Beach FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 6274 Linton Blvd. City Delray Beach FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 6274 Linton Blvd. City Delray Beach FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 City Delray Beach FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 City Delray Beach FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 City Delray Beach FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 City Delray Beach FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 City Delray Beach FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 City Delray Beach, FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 City Delray Beach, FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 City Delray Beach, FL Street Address (PD. Box Number is Not Acceptable) The Addison - Suite 100 City Delray Beach, FL Street Address (PD. Box Number is Not Acceptable) The Ac					on - Suite 100 on Blvd.	The Addison 6274 Linton
City 2, State Delirary Beach, FL Delirary Beach, FL Delirary Beach, FL Signature 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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 Forda. 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 Forda. 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 Forda. 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 Forda. 8. This corporation is eligible to statishy its intangible Take in the purpose of changing its registered office or registered agent, or both, in the State of Forda. 8. This corporation is eligible to statishy its intangible Take in the purpose of changing its registered office or registered agent, or both, in the State of Forda. 8. This corporation is eligible to statishy its intangible Take in the purpose of changing its registered office or registered agent, or both, in the State of Forda. 8. This corporation is eligible to statishy its intangible Take (Pick Poyrells to Despirition of State) 9. The corporation of eligible to statishy its intangible Take (Pick Poyrells to Despirition of State) 10. Election Campaign Financing Trust Fund Contribution. 9. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN THE NAME SITERT ADDIESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN THE NAME SITERT ADDIESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN THE NAME SITERT ADDIESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN THE NAME SITERT ADDIESS CITY-ST-2P 12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN THE NAME SITERT ADDIESS CITY-ST-2P 12. AD			iite 100		on - Suite 100	The Addison
Signature	HIS SPACE	DO NOT WRITE IN THIS SI	1.	6274 Linton B1	on Blvd.	Suite Apt #.etc. 6274 Linton
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The address (P.D. Box Number is Not Acceptable) 6. The Address (P.D. Box Number is Not Acceptable) 7. The Address (P.D. Box Number is Not Acceptable) 6. City Delray Beach FL Zipcon 6. 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. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. This acceptable is particularly agreed agreed agent and life if applicable in Potte Registered agent, or both, in the State of Florida. 8. This acceptable is particularly agreed agreed agent and life if applicable in Potte Registered agent, or both, in the State of Florida. 8. This acceptable is particularly agreed agreed agent and life if applicable in Potte Registered agent, or both, in the State of Florida. 8. This acceptable is a state of Florida. 8. The address of the Registered Agent 9. FL Zipcon 10. Potte Registered Agent 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Election Campaign Financing 15.00 15.00 16. Election Campaign Financing 16. Election Campaign Financing 17. This financing 18. Election Campaign Financing 18. Election Campaign Financing 19. Election Campaign	Applied For Not Applicable	4. FEI Number 59–2690483	33484	City & State Delray Beach,	ich, FL	City & State Delray Beac
Name Mitchell T. McRae Street Address (R.O. Box Number is Not Acceptable) The Addison - Suite 100	\$8.75 Additional Fee Required		ountry US	^{Zip} 33484	Country US	^{Zip} 33484
Signature, young or present named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, young or present name or registered agent and that it accounts. Signature, young or present name or registered agent and that it accounts. Signature, young or present name or registered agent and that it accounts. Signature, young or present name or registered agent and that it accounts. Signature, young or present name or registered agent and that it accounts. Signature, young or present name or registered agent and that it accounts. Signature, young or present name or registered agent and that it accounts. Signature, young or present name or registered agent and that it accounts. Signature, young or present name or registered agent and that it accounts. In the composition is eligible to satisfy its inamplible. Signature, young or present name or registered agent and that it accounts. In the composition is eligible to satisfy its inamplible. Signature, young or present name or registered agent and that it accounts. In the composition is eligible to satisfy its inamplible. Signature, young or present name or registered agent and that it accounts. In the composition is eligible to satisfy its inamplible. Signature, young or present name or registered agent and that it accounts. In the composition is eligible to satisfy its inamplible. Signature, young or present or present of the purpose of changing its registered agent, or both, in the State of Forda. Signature of particular or both, in the State of Forda. Mitchell T. McRae The President and Director Change or white members of the particular or pa	red Agent	7. Name and Address of New Registered A		Registered Agent	e and Address of Current R	6. Name
Street Address (P.D. Box Number is Not Acceptable) 6274 Linton Blvd. City Delray Beach FL ZigGreg 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 Profide. SIGNATURE SIGNATURE 1. Mitchell T. McRae 6/20/2001 Symbox, typed or prediction is eligible to satisfy its Intangible Tax filing requirement and elects to do so. March MAY 1, 2001: Fee will be \$550.00 After MAY 1, 2001: Fee will be \$550.00 March Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRET ADDRESS CITY-ST-2P 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRET ADDRESS CITY-ST-2P 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRET ADDRESS CITY-ST-2P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRET ADDRESS CITY-ST-2P 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRET ADDRESS CITY-ST-2P 16. Election Campaign Financing Tust Fund Contribution. 17. Addison - Suite 100, 6274 Linton Change In Make SIRET ADDRESS CITY-ST-2P 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRET ADDRESS CITY-ST-2P 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRET ADDRESS CITY-ST-2P 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRET ADDRESS CITY-ST-2P 17. ADDITIONS/CHANGES CITY-ST-2P 18. Election Campaign Financing Tust Funders City Tust F		chell T. McRae			•	
SIGNATURE SIGNATURE SIGNATURE Signature, typest or protect name of registered agent and title if applicable. (NOTE Registered agent or both, in the State of Florida. SIGNATURE Signature, typest or protect name of registered agent and title if applicable. (NOTE Registered Agent elegistered agent, or both, in the State of Florida. Mitchell T. McRae 6/20/2001 DATE OFFICE Registered Agent elegistered agent, or both, in the State of Florida. Mitchell T. McRae 6/20/2001 Signature, typest or protect name of registered agent and title if applicable. (NOTE Registered Agent elegistered agent, or both, in the State of Florida. Mitchell T. McRae 6/20/2001 DATE MAY: 1, 2001: Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. (In Added to Department of State) Trust Fund Contribution. (In Added to Department of State) MAKE NUME STREET ADDRESS (CITY-S1-2P) TITLE						
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 Signature Symbol or protect name of registered agent and use if applicable. NOTE Registered Agent agents required when revetating) DATE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) The OFFICERS AND DIRECTORS TILE OFFICERS AND DIRECTORS TILE Delete TILE		4 Linton Blvd.	}			
SIGNATURE Signature, typed or protect name of registered apers and table if accoloable. NOTE Registered Apers algorithms required when restation; PILE NOW/III FEE IS \$150.00 Trust Fund Contribution. After MAY 1,2001: Fee: will be \$550.00 Make Check Payable to Department of State Application of back) After MAY 1,2001: Fee: will be \$550.00 Make Check Payable to Department of State Application of back. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Make STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS CITY-ST-2P TITLE NAME STR	FL 233484	ray Beach FL	City Deli			
Signature, typed or proted name of regatered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tast filing requirement and elects to do so. (See criteria on back) See criteria on back)		red agent, or both, in the State of Florida.	tered office or register	the purpose of changing its re-	tity submits this statement for	8. The above named entity
8. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT THE MAME STREET ADDRESS CITY-ST-ZP TITLE		The state of the s	Mit			SIGNATURE
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1,2001 Fee will be \$550.00 Trust Fund Contribution. Added to Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT TILE President and Director Change MAME MAME Mitchell T. McRae Mitchell T. McRae Mame Mitchell T. McRae Mame Mame Mitchell T. McRae Mame Mame Mitchell T. McRae Mame Mam	ATE	J when reinstating) DATE	tered Agent signature required	nd title if applicable. (NOTE: Re	ed or printed name of registered agent ar	Signatura, typed
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET		Trust Fund Contribution.	ee will be \$550.00	After MAY 1, 2001	t and elects to do so.	Tax filing requirement a
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AND DIRECTORS IN 11	ADDITIONS/CHANGES TO OFFICERS AND	12.	DIRECTORS	OFFICERS AND D	11.
STREET ADDRESS CITY-SI-ZIP THE Addison - Suite 100, 6274 Linton Delray Beach, FL 33484 THE NAME STREET ADDRESS CITY-SI-ZIP THE Addison - Suite 100, 6274 Linton Delray Beach, FL 33484 Vice President and Director Change Anna M. McRae The Addison - Suite 100, 6274 Linton Delray Beach, FL 33484 The Addison - Suite 100, 6274 The Addison - Suite 100, 6274 The Addison - Suite 100, 6274 The Addis	Change Addittor			Delete		ŧ
CITY-SI-ZIP TITLE MAME STREET ADDRESS CITY-S	627/ Tinton Ply		111 6			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/4 LINCON BIV		THE			i
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	or Change Addition	e President and Director	mu Vic	☐ Delete		TILE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		a M. McRae	Anna			į
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP Change Change TITLE Change Change TITLE Change Change TITLE Change CHANGE STREET ADDRESS CITY-ST-ZIP Change	6274 Linton Blv	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP The			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP	Change Addition	ray beach, FL 33464	mueDel:	Delete		TITLE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			1			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			1			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DITT-ST-ZIF			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition	00000444		☐ Delete		TITLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Change Change	1456man - Addition 0101028003	90000444 -06/28/01-	TITLE NAME	Delete		
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	1-4-5 €±++0 6 Addition 0101028003 0.00 ****150.0	00000444 -06/28/01- ****150.0	TITLE NAME STREET ADDRESS	☐ Delete		NAME STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP	0.00 ****150.0 	00000444 -06/28/01- ****150.0	TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP
	0.00 ****150.0	00000444 -06/28/01- ****150.0	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			NAME STREET ADDRESS CITY-ST-ZIP TITLE
	0.00 ****150.0	00000444 -06/28/01- ****150.0	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS
NAME NAME	0.00 ****150.0 Chapge	00000444 -06/28/01- ****150.0	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS STREET ADDRESS	0.00 ****150.0 □ Chapge □ Addition	00000444 -06/28/01- ****150.0	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Delete		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE
CITY-ST-ZIP CITY-ST-ZIP	0.00 ****150.0 Chapge	00000444 -06/28/01- ****150.0	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	☐ Delete		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS
13. I hereby certify that the information supplied with this liting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 B changed, or on an attachment with an address, with all other like empowered.	0.00 ****150.0 □ Change □ Addition □ Change □ Addition	****150.0	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP
	0.00 ****150.0 □ Change □ Addition □ Change □ Addition	****150.0	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete Delete Delete this filing does not qualify for the true and factorate and that my wered to execute this report as	the information supplied with out or supplemental report is the receiver or trustee empo	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the indicated on this repo