2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H66220 1. Entity Name MCCOY GROUP, INC.					FILED May 02, 2000 8:00 am Secretary of State 05-02-2000 90149 006 ***150.00		
Principal Place of Business 1059 BROADWAY E DUNEDIN FL 34698 US		Mailing Address 1059 BROADWAY E DUNEDIN FL 34698-5756 US				u u An fan And Mile M	e n a fati (kai
Suite, Apt. #, etc.	usiness to to white	3. Mailing Address 1059 BRDA-01117 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State DSNEOW, FL		City & State DUNEDIN, FL		4.	4. FEI Number 59-1361541 Applied For Not Applicable		
Zip 34698	Country	²¹⁰ 34698	RINGULS	1 2 _	Certificate of Status Desired	ree hequire	
6. Na	ame and Address of Current R	egistered Agent	Name	7.	Name and Address of New Registe	erea Agent	
KISER, S. CURTIS 1968 BAYSHORE BLVD.				Street Address (P.O. Box Number is Not Acceptable)			
DUNEDIN FI		City			FL Zip Coo	le	
9. This corporation is Tax filing requirement (See criteria on back	After MAY 1, 2 Make Check Paya	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
STREET ADDRESS 343 C	OFFICERS AND D DY, JOHN C. AUSEWAY BLVD DIN FL	IRECTORS	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	DDITIONS/CHANGES TO OFFICE	Change	Addition
STREET ADDRESS 1675	DY, PAUL E. J CINNAMON LANE DIN FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
	DY , Shelia A.= Cinnamon Lane	Delete	TITLE NAME STREET ADDRESS			Change	Addition
TITLE D NAME MCCC STREET ADDRESS 255 D	din Fl)y, paul E. S olophin Pt. Rd; unit 51° Rwater Fl	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Paul E. 255 Do Clearu	ME Cy, Sr, Johin Pt. Rd.; Unit 511 1464, FL 33767	🔀 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Richard 401 Ju Pittsb	l Cunneen Amesburcuyh Drive, ungle, PA 15238	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		TITLE NAME STREET ADDRESS CITY-ST-ZIP		• •	Change	Addition
indicated on this re of the corporation	eport or supplemental report is t or the receiver or trustee empov attachment/with an address, wi	rue and accurate and that vered to execute this repor th all other like empowered	my signature shall h t as required by Cha t.	ave the same apter 607, Flo	119.07(3)(i), Florida Statutes. I furth- e legal effect as if made under oath; t rida Statutes; and that my name appo	hat i am an officer	r Block 12 if