

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90492 031 ***150.00

DOCUMENT # H82014

1. Entity Name
MIKE KAVANAUGH, INC.

Principal Place of Business

~~14324 ROMNEY ST~~ **1397 CADELL DR.**
~~JACKSONVILLE FL 32211~~
32217

Mailing Address

1397 CADELL DR.
~~P.O. BOX 350610~~
JACKSONVILLE FL 32235-0610
JAX, FL 32211
US



2. Principal Place of Business

1397 Caddell Dr.
Suite, Apt. #, etc.

3. Mailing Address

1397 Caddell Dr.
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville FL

4. FEI Number

59-2592316

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~KAVANAUGH, MIKE~~
~~11402 BREAKWATER ROWS~~
~~JACKSONVILLE FL 32225~~

7. Name and Address of New Registered Agent

Name **Tom Kavanagh**
Street Address (P.O. Box Number is Not Acceptable) **1397 CADELL DR.**
City **JAX** **FL** **32217**

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, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/16/02
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, 2002 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 **President** ☐ Delete
NAME **KAVANAUGH, MIKE**
STREET ADDRESS **P.O. BOX 350610**
CITY-ST-ZIP **JACKSONVILLE FL 32235-0610**

TITLE **President** ☐ Delete
NAME **KAVANAUGH, THOMAS**
STREET ADDRESS **1397 CADELL DR**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 737-0079

CR2E034 (9/01)