

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J39862

1. Entity Name

MALONEY VEITCH ASSOCIATES, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90016 009 ***158.75

Principal Place of Business	Mailing Address
2090 WEAVER PARK DR CLEARWATER FL 34625 US	2090 WEAVER PARK DR CLEARWATER FL 33765-2130 US

2. Principal Place of Business <i>2090 WEAVER PARK DR</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>CLEARWATER, FL.</i>	City & State
Zip <i>33765</i>	Country <i>US</i>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
MALONEY, R THOMAS 2090 WEAVER PARK DR CLEARWATER FL 34625	

7. Name and Address of New Registered Agent	
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.

SIGNATURE *R. Thomas Maloney* *PRESIDENT* DATE *1/27/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	VP
NAME	VEITCH, JOHN A III
STREET ADDRESS	3850 GALT OCEAN DR #607
CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	TS
NAME	MALONEY, JAMES A
STREET ADDRESS	2340 ROBERTS BLVD
CITY-ST-ZIP	ORLANDO FL
TITLE	P
NAME	MALONEY, R T JR
STREET ADDRESS	2365 WINDGAP PL
CITY-ST-ZIP	CLEARWATER FL
TITLE	V
NAME	VEITCH, JAMES A.
STREET ADDRESS	712 HOLLY LANE
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
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	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. Thomas Maloney* *1/27/00* *727-442-3035*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #