## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # J53548** 1. Entity Name MCDONALD DEANTHONY CONSOLIDATED, INC. 01-23-2001 90113 010 \*\*\*150.00 Principal Place of Business Mailing Address 4400 MIDDLE AVE 4400 MIDDLE AVE SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2753961 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7.\_Name and Address.of, New Registered Agent. .6. Name and Address of Current Registered Agent DEANTHONY, JOHN Street Address (P.O. Box Number is Not Acceptable) 4400 MIDDLE AVENUE SARASOTA FL 34234 Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, 8. The above named entity SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 De Anthony John - Presiden 1133 metrise Place Statista, Bradentin, Pl 34203 CR2E034 (10/00) TITLE ☐ Defete TITLE DEANTHONY, JOHN NAME NAME STREET ADDRESS 150 LYCHEE RD. STREET ADDRESS NOKOMIS FL 34275 CITY-ST-ZIP CITY-ST-ZIP Anthony, Cheryl- Vice - Change AAdd TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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.

CITY-ST-ZIP

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR