

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90053 045 \*\*\*150.00

**DOCUMENT # J67681**

**1. Entity Name**  
**MCKENZIE CONTRACTING, INC.**

**Principal Place of Business**  
**P O BOX 547**  
**HOBE SOUND FL 33475-7547**

**Mailing Address**  
**P O BOX 547**  
**HOBE SOUND FL 33475-7547**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**59-2807837**

Applied For  
 Not Applicable

Zip Country

Zip Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MCKENZIE, BRIAN**  
**4929 SE SCHOONER OAKS WAY**  
**STUART FL 34997**

**Name**  
**Paul J. Feinsinger**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**11616 SE Dixie Highway**  
**City Hobe Sound FL Zip Code 33455**

**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** *Paul J. Feinsinger* **Paul J. Feinsinger, Vice President** **1/22/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☒ **Delete**  
**NAME** **MCKENZIE, BRIAN**  
**STREET ADDRESS** **4929 SE SCHOONER OAK WAY**  
**CITY-ST-ZIP** **STUART FL**

**TITLE** **PD** ☐ **Change** ☒ **Addition**  
**NAME** **Mary J. Magner**  
**STREET ADDRESS** **487 E. Broadway #3**  
**CITY-ST-ZIP** **South Boston, MA 02127**

**TITLE** **VP** ☒ **Delete**  
**NAME** **MCKENZIE, STUART**  
**STREET ADDRESS** **4929 SE SCHOONER OAKS WAY**  
**CITY-ST-ZIP** **STUART FL 34997**

**TITLE** **VP** ☐ **Change** ☒ **Addition**  
**NAME** **Paul J. Feinsinger**  
**STREET ADDRESS** **11616 SE Dixie Highway**  
**CITY-ST-ZIP** **Hobe Sound, FL 33455**

**TITLE** **S** ☐ **Delete**  
**NAME** **GONGAWARE, DAVID CHARLES**  
**STREET ADDRESS** **5595 SW EVANS DR**  
**CITY-ST-ZIP** **STUART FL**

**TITLE** **T** ☐ **Change** ☒ **Addition**  
**NAME** **Pamela J. King**  
**STREET ADDRESS** **3295 SW Sunset Trace Circle**  
**CITY-ST-ZIP** **Palm City, FL 34990**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
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**STREET ADDRESS**  
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**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:** *Paul J. Feinsinger* **Paul J. Feinsinger** **1/22/02** **561 546 4044**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)