

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90003 041 ***150.00

DOCUMENT # K02080

1. Entity Name

MCINNIS DESIGN/BUILD, INC.

Principal Place of Business

Mailing Address

**36008 EMERALD COAST PKWY
101
DESTIN FL 32541**

**36008 EMERALD COAST PKWY
101
DESTIN FL 32541-5732**

0 2 0 1 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2854795

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

**MCINNIS, PAUL SAMUEL
1540 BAYTOWNE AVE
DESTIN FL 32540**

Name

Kinder, Fred R.

Street Address (P.O. Box Number is Not Acceptable)

22 Mariner Lane

City

Mary Esther

FL

Zip Code

32569

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **MCINNIS, PAUL SAMUEL**
STREET ADDRESS **1540 BAYTOWNE AVE**
CITY-ST-ZIP **DESTIN FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **Kinder, Fred R.**
STREET ADDRESS **22 Mariner Lane**
CITY-ST-ZIP **Mary Esther, FL 32569**

TITLE **ST** ☒ Delete
NAME **MCINNIS, JOYCE KAY**
STREET ADDRESS **1540 BAYTOWNE AVENUE**
CITY-ST-ZIP **DESTIN FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **James Dismukes**
STREET ADDRESS **1854 Stella Lane**
CITY-ST-ZIP **Fort Walton Beach, FL 32548**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/00
Date

(850) 837-3199
Daytime Phone #

CR2E034 (9/99)