

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91596 020 \*\*\*\*50.00

**DOCUMENT # L00000011200**

**1. Entity Name**  
**MCCOMCO, L.L.C.**

**Principal Place of Business**

**5515 SCOTT VIEW LN  
LAKELAND FL 33813**

**Mailing Address**

**5515 SCOTT VIEW LN  
LAKELAND FL 33813**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number** **59-3677744**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

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

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

**MCCONNELL, PATRICK D  
5515 SCOTTVIEW LN  
LAKELAND FL 33813**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** **MGRM** ☐ Delete  
**NAME** **DUANE F. MCCONNELL REVOCABLE LIVING TRUST**  
**STREET ADDRESS** **2605 JONILA AVENUE**  
**CITY-ST-ZIP** **LAKELAND FL 33803**

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

**TITLE** **M** ☐ Delete  
**NAME** **MARTHA V MCCONNELL REVOCABLE LIVING TRUST**  
**STREET ADDRESS** **2605 JONILA AVENUE**  
**CITY-ST-ZIP** **LAKELAND FL 33803**

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

**TITLE** **M** ☐ Delete  
**NAME** **KATHLEEN MCCONNELL COFFMAN REVOCABLE LIVIN**  
**STREET ADDRESS** **5515 SCOTT VIEW LANE**  
**CITY-ST-ZIP** **LAKELAND FL 33813**

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

**TITLE** **M** ☐ Delete  
**NAME** **SCHWEIKERT, DENETTE M TRUSTEE**  
**STREET ADDRESS** **651 LOGGERHEAD DRIVE**  
**CITY-ST-ZIP** **SATELLITE BEACH FL 32937**

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

**TITLE** **M** ☐ Delete  
**NAME** **MCCONNELL, FREDERICK J**  
**STREET ADDRESS** **4406 SOUTH FLORIDA AVE., SUITE 16**  
**CITY-ST-ZIP** **LAKELAND FL 33813**

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

**TITLE** **MGRM** ☐ Delete  
**NAME** **PATRICK D MCCONNELL REVOCABLE TRUST**  
**STREET ADDRESS** **5515 SCOTT VIEW LN**  
**CITY-ST-ZIP** **LAKELAND, FL 33813**

**TITLE** ☐ Change ☒ Addition  
**NAME** **PATRICK D MCCONNELL**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
**PATRICK D MCCONNELL**  
**MANAGER**

**4/30/02 (863) 644-6896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)