

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90049 048 \*\*\*\*50.00

**DOCUMENT # L01000012945**

1. Entity Name

**M.C.R. COMPANY, LLC**



Principal Place of Business

**2355 S.E. SEAFURY LANE  
PORT ST. LUCIE FL 34952**

Mailing Address

**2355 S.E. SEAFURY LANE  
PORT ST. LUCIE FL 34952**

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 **65-1143778**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORCORAN, KATHLEEN  
2355 S.E. SEAFURY LANE  
PORT ST. LUCIE FL 34952**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**  
NAME **CORCORAN, KATHLEEN**  
STREET ADDRESS **1482 S E MANTH LANE**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**  
☐ Delete

TITLE **MGR**  
NAME **REAGLE, LOU ANNE**  
STREET ADDRESS **2433 SE SISTINA STREET**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**  
☐ Delete

TITLE **MGR**  
NAME **MIRET, PAUL**  
STREET ADDRESS **7950 POPPY HILLS LANE**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

**1/7/03 772-335-5154**

Date

Daytime Phone #

CR2E083 (10/02)