

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L41264

1. Entity Name

C.D. MCCAIN, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90104 001 ***150.00

UUUUUUUU

DO NOT WRITE IN THIS SPACE

Principal Place of Business
8102 INTERNATIONAL DR
ORLANDO, FL 32819

Mailing Address
7345 SANDLAKE ROAD
SUITE 412
ORLANDO, FL 32819

2. Principal Place of Business
8102 INTERNATIONAL DR
Suite, Apt. #, etc.

3. Mailing Address
7345 SANDLAKE ROAD
Suite, Apt. #, etc.
SUITE 412

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32819

Country

Zip
32819

Country

4. FEI Number
59-2987504

Applied For
Not Applicable

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


6. Name and Address of Current Registered Agent

DAVID R. PORTLOCK
7345 SAND LAKE ROAD
SUITE 412
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name DAVID R. PORTLOCK
Street Address (P.O. Box Number is Not Acceptable)
7345 SAND LAKE ROAD
SUITE 412
City ORLANDO FL Zip Code 32819

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  DAVID R. PORTLOCK 4.28.00
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

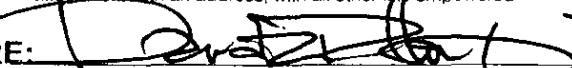
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP DAVID R. PORTLOCK 7345 SAND LAKE RD # 412 ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 filers empowered

SIGNATURE:  DAVID R. PORTLOCK 4/26/2000 407-352-7006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)