

2001 UNIFORM BUSINESS REPORT (UBR)

0002235 AF

DOCUMENT # L98000001150

1. Entity Name

MCORT ENTERPRISES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -1 PM 1:02

Principal Place of Business

111 SOUTH 3RD STREET
FLAGLER BEACH FL 32136

Mailing Address

P.O. BOX 480
FLAGLER BEACH FL 32136



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3522283

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHEEHAN, MARGARET

111 SOUTH 3RD STREET

FLAGLER BEACH FL 32136

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHEEHAN, MARGARET
5306 JOHN ANDERSON HWY.
FLAGLER BEACH FL 32136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mgr
Sheehan, Margaret
111 South 3rd Street
Flagler Beach, FL 32136 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHEEHAN, THOMAS P
5306 JOHN ANDERSON HWY.
FLAGLER BEACH FL 32136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mgr
Sheehan, Thomas
111 South 3rd Street
Flagler Beach, FL 32136 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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

Date

Daytime Phone #

01-27-01 386-439-3020

CR2E083 (11/00)