

# 2000 UNIFORM BUSINESS REPORT (UBR)

0010784 AF

APPROVED  
AND  
FILED

00 APR -6 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L98000001787**  
1. Entity Name  
**MCCARTHY, SUMMERS, BOBKO, WOOD & SAWYER, L.L.C.**

Principal Place of Business      Mailing Address  
**2081 E. OCEAN BLVD., 2ND FLOOR**      **2081 E. OCEAN BLVD., 2ND FLOOR**  
**STUART FL 34996**      **STUART FL 34996-3348**

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      Applied For  
**65-0862432**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SAWYER, THOMAS R**  
**2081 E. OCEAN BLVD., 2ND FLOOR**  
**STUART FL 34996**

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.

SIGNATURE      (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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SAWYER, THOMAS R 2081 E. OCEAN BLVD., 2ND FLOOR STUART FL 34996</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>400003217544--6</b>	
	<b>--04/20/00--01008</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>*****50.00 *****50.00</b>	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** Managing Member 3/24/00 (561) 286-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

(66/6) (311) 20