

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006083

1. Entity Name

MCCARTY SERVICES, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90020 050 ****61.25

908001



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1093 A1A BEACH BOULEVARD
ST. AUGUSTINE FL 32084

Mailing Address

1093 A1A BEACH BOULEVARD
ST. AUGUSTINE FL 32084

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

32080

4. FEI Number

59-3315956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCARTY, DORAN C
1093 A1A BEACH BOULEVARD
ST. AUGUSTINE FL 32084

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MCCARTY, DORAN C
STREET ADDRESS 116 DEL LAGO LANE
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE SD ☐ Delete
NAME MCCARTY, GLORIA J
STREET ADDRESS 116 DEL LAGO LANE
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE VPD ☐ Delete
NAME MCCARTY, LESLIE B
STREET ADDRESS 10 ARONIA LN
CITY-ST-ZIP NOVATO CA 94945

TITLE D ☐ Delete
NAME GOODSON, JAMES
STREET ADDRESS 351 DUNSTON COURT
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Delete
NAME MOORE, RON
STREET ADDRESS 5 GARDENVIEW RD
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DORAN C. MCCARTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/01

904 471 7133

CR2E037 (10/00)