

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90017 047 ****61.25

DOCUMENT # N94000006083

1. Entity Name

MCCARTY SERVICES, INC.

Principal Place of Business

Mailing Address

**1093 A1A BEACH BOULEVARD
 ST. AUGUSTINE FL 32084**

**1093 A1A BEACH BOULEVARD
 ST. AUGUSTINE FL 32080**

2. Principal Place of Business

3. Mailing Address

116 VILLAGE DEL LAGO LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST AUGUSTINE, FL

4. FEI Number

59-3315956

Applied For

Not Applicable

Zip

32080

Country

Zip

32080

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCARTY, DORAN C	
STREET ADDRESS	116 DEL LAGO LANE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCARTY, GLORIA J	
STREET ADDRESS	116 DEL LAGO LANE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCARTY, LESLIE B	
STREET ADDRESS	10 ARONIA LN	
CITY-ST-ZIP	NOVATO CA 94945	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODSON, JAMES	
STREET ADDRESS	351 DUNSTON COURT	
CITY-ST-ZIP	ORANGE PARK FL 35073	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, RON	
STREET ADDRESS	5 GARDENVIEW RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32080	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	832 Eagle Point DR	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

3/9/02

904471 7133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)