

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90245 027 ****61.25

0081770

DOCUMENT # N98000003597

1. Entity Name

MCKEEL ACADEMY OF TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

**1810 W. PARKER ST.
 LAKELAND FL 33815**

**1810 W. PARKER ST.
 LAKELAND FL 33815**

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 **65-0854467**

Applied For

Not Applicable

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

**MAREADY, HAROLD
 1810 W. PARKER ST.
 LAKELAND FL 33815**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D MCKEEL, SETH**
 STREET ADDRESS **2000 E. EDGEWOOD DRIVE, SUITE 214**
 CITY-ST-ZIP **LAKELAND FL 33803-3648**

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

TITLE ☐ Delete
 NAME **PD MAREADY, HAROLD**
 STREET ADDRESS **1810 W. PARKER STREET**
 CITY-ST-ZIP **LAKELAND FL 33815**

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

TITLE ☐ Delete
 NAME **S HENSLER, MARJORIE**
 STREET ADDRESS **1085 BUTTERCUP**
 CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE ☐ Delete
 NAME **T WEST, DEBI W**
 STREET ADDRESS **1810 W. PARK STREET**
 CITY-ST-ZIP **LAKELAND FL 33815**

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

TITLE ☐ Delete
 NAME **D HUGHES, MELISSA**
 STREET ADDRESS **535 W PALM DR**
 CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE ☐ Delete
 NAME **COB HAM, REBECCA**
 STREET ADDRESS **5339 GLENMORE DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33811**

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:

Debi West
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02
 Date

863-499-2818
 Daytime Phone #

CR2E037 (9/01)