

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-08-2002 90255 010 \*\*\*150.00

0617612 AT

**DOCUMENT # P00000002876**

1. Entity Name

**MCCAVITT ASSOCIATES, INC.**

Principal Place of Business

**361 N.W. 131 AVENUE  
PLANTATION FL 33325**

Mailing Address

**361 N.W. 131 AVENUE  
PLANTATION FL 33325**

**622841**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1702 PARK AVE.**

3. Mailing Address  
**1702 PARK AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FERNANDINA BEACH, FL**

City & State

**FERNANDINA BEACH**

4. FEI Number

**65-0971660**

Applied For

Not Applicable

Zip  
**32034**

Country  
**U.S.A.**

Zip  
**32034**

Country  
**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCAVITT, JOHN J  
361 N.W. 131 AVENUE  
PLANTATION FL 33325**

7. Name and Address of New Registered Agent

Name **John J. McCavitt**

Street Address (P.O. Box Number is Not Acceptable)  
**1702 PARK AVE.**

City **FERNANDINA BEACH**

**FL**

Zip Code  
**32034**

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

*John J. McCavitt*  
Signature, typed or printed name of registered agent and title if applicable.

**John J. McCavitt, President**  
(NOTE: Registered Agent signature required when reinstating)

**31 MARCH 2002**  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MCCAVITT, JOHN J**  
STREET ADDRESS **361 NW 131 AVE**  
CITY-ST-ZIP **PLANTATION FL 33325**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **MCCAVITT, John J.**  
STREET ADDRESS **1702 PARK AVE.**  
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John J. McCavitt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John J. McCavitt**

**31 MARCH 2002**

**(904) 277-8143**

Date

Daytime Phone #

CR2E034 (9/01)