

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90159 004 ***150.00

DOCUMENT # P00000012380

1. Entity Name
DONALD R. MCKINNEY, INC.

Principal Place of Business

6317 DEARMAN STREET
COCOA FL 32927

Mailing Address

6317 DEARMAN STREET
COCOA FL 32927

2. Principal Place of Business

Throughout State of FL

Suite, Apt. #, etc.

3. Mailing Address

1212 Sugar Creek Ln.

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3627288

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCKINNEY, DONALD R

6317 DEARMAN STREET *1212 Sugar Creek Ln.*

COCOA FL 32927 *Rockledge FL 32955*

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)

7/31/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME **D**
STREET ADDRESS **MCKINNEY, DONALD R**
CITY-ST-ZIP **6317 DEARMAN STREET** *1212 Sugar Creek Ln.*
6317 DEARMAN STREET *Rockledge FL 32955*
6317 DEARMAN STREET

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-31-01

321-544-4185

CR2E034 (5/01)

AC0585497

9-06-01 Attachment Doc # P000000018380
To Whom it may concern,

In July when I received this I was shocked that I haven't seen this form before I talked to someone at your office in regards to this form. They said I should've received this earlier in the year. I have moved twice since Dearman St. Address and now I am in a permanent address. If you could please waive the penalty I would be grateful. I also will know next year this form has to be filed & paid by May 1st. I am enclosing a check for 150⁰⁰ and hope this is sufficient.

Thank you

Ronald L. [Signature]