

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90017 018 \*\*\*150.00

0536126

**DOCUMENT # P00000029422****1. Entity Name**  
**AT YOUR SERVICE-MCHUGH, INC.****Principal Place of Business**  
**475 PARK AVE.**  
**BOCA GRANDE FL 33921****Mailing Address**  
**P.O. BOX 214**  
**BOCA GRANDE FL 33921****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-1001937**

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****MCHUGH, NETTY J**  
**475 PARK AVE.**  
**BOCA GRANDE FL 33921****Name**  
**Mary E. Van Winkle****Street Address (P.O. Box Number is Not Acceptable)**  
**2815 Proctor Road****City**  
**Sarasota****FL****Zip Code**  
**34231****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***Mary E. Van Winkle***3-22-01**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**MCHUGH, BETTY J** ☐ Delete  
**P.O. BOX 214**  
**BOCA GRANDE FL 33921****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**President** ☒ Change ☐ Addition  
**MCHUGH, BETTY J**  
**P.O. BOX 214-370 Gasparilla Street**  
**Boca Grande FL 33921****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete**TITLE**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**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:***Betty J. McHugh***Betty J. McHugh****3/27/01**

Date

**941-964-1008**

Daytime Phone #

CR2E034 (10/00)