

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90019 023 ***150.00

DOCUMENT # P00000039277

1. Entity Name
V. MCFADYEN, P.A.

Principal Place of Business

Mailing Address

**420 FLEMING STREET
 KEY WEST FL 33040**

**420 FLEMING STREET
 KEY WEST FL 33040**

00000329



2. Principal Place of Business

3. Mailing Address

420 Fleming St.

420 Fleming

Suite, Apt., etc.

Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Key West FL

Key West FL

4. FEI Number

Applied For

65-1009989

Not Applicable

Zip

Country

Zip

Country

33040

Monroe

33040

Monroe

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

**MCFADYEN, VICTORIA
 420 FLEMING STREET
 KEY WEST FL 33040**

Name

Victoria McFadyen

Street Address (P.O. Box Number is Not Acceptable)

420 Fleming St

City

Key West

FL

Zip Code

33040

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]

1-04-01

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
President/Treasurer
Victoria McFadyen
420 Fleming St
Key West FL 33040

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

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04/01 (305) 295 3060

Date

Daytime Phone #

CR2E034 (10/00)