

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90164 048 ***150.00

DOCUMENT # 00000045926

Entity Name

McBLYNN FINANCIAL SERVICES, INC.

A0067002

DO NOT WRITE IN THIS SPACE

Principal Place of Business

14 PALM ROAD

STUART FL 34996

Mailing Address

14 PALM ROAD

STUART FL 34996

Principal Place of Business

4689 SW HAMMOCK CREEK DR

Suite, Apt. #, etc.

3. Mailing Address

4689 SW HAMMOCK CREEK DR

Suite, Apt. #, etc.

City & State

Stuart City FL

Zip

34990

Country

MARTIN

City & State

Palm City FL

Zip

34990

Country

MARTIN

4. FEI Number

65-1005979

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

McBLYNN Timothy W
 14 Palm Road
 Stuart FL 34996

7. Name and Address of New Registered Agent

Name

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

4689 SW HAMMOCK CREEK DR

City

Palm City

FL

Zip Code

34990

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

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	McBLYNN Timothy W 14 PALM ROAD STUART FL 34996	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4689 SW HAMMOCK CREEK DRIVE PALM CITY FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. 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

4/26/01

561-286-3333

CR2E034 (11/00)