

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90022 034 \*\*\*158.75

769717

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P00000048302

1. Entity Name

MACAVOY CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

660 BALD EAGLE DRIVE  
 MARCO ISLAND, FL  
 34145

P.O. BOX 457  
 MARCO ISLAND, FL  
 34146-0457

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

☒

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

CASEY K. MIKLAS, C.P.A., P.A.  
 660 BALD EAGLE DRIVE  
 MARCO ISLAND, FL 34146-0457

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.

CRA, PA, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

04/28/01

DATE

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

XX

**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 MICHAEL CRANER 568 VIRGIBIA DARE DR, VIRGINIA BEACH, VA 23451	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANN CRANER 568 VIRGINIA DAREHDRV VIRGINIA BEACH, VA 23451	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

M. Ann Craner

CRANER, OFFICER

04/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

CASEY K. MIKLAS, C.P.A., PA.  
CERTIFIED PUBLIC ACCOUNTANT  
660 BALD EAGLE DRIVE - PO BOX 457  
MARCO ISLAND, FLORIDA 34146-0457  
TEL: (941) 394-7829 / / FAX: (941) 394-4065

Attachment

# P00000048302  
769717

TO: MACAUBY CONSULTING SERVICES DATE: 4/28/01  
INC (FL)

I N S T R U C T I O N S

☐ W-3/W-2'S  
☐ 1096/1099'S  
☐ 940 RETURN  
☐ 940 DEPOSIT  
☐ 941 PAYROLL RETURN  
☐ 941 PAYROLL DEPOSIT  
☐ UCT-6 FLA. UNEMPLOYMENT  
☐ FLA. SALES TAX  
☒ OTHER: ANNUAL REPORT  
2001

☐ 1040 - U.S. FEDERAL INCOME TAX  
☐ 1040NR - U.S. NON-RESIDENT  
☐ 1040X - AMENDED U.S. FEDERAL  
☐ 1065 - U.S. PARTNERSHIP  
☐ 1120 - U.S. CORPORATION  
☐ 1120S - U.S. "S" CORPORATION  
☐ F-1120 FLORIDA CORPORATION  
☐ DR601AC - INTANGIBLE/CORP.  
☐ DR601A1 - INTANGIBLE/PERSONAL  
☐ TANGIBLE PERSONAL PROPERTY  
☐ OTHER: \_\_\_\_\_

PERIOD ENDED:

☐ MONTH: \_\_\_\_\_  
☐ QUARTER: \_\_\_\_\_  
☒ YEAR: 2001

CHECK PAYABLE TO: (Indicate ID#, type of tax, period)

☐ YOUR LOCAL BANK (with coupon)  
☐ INTERNAL REVENUE SERVICE  
☐ FLORIDA UNEMPLOYMENT  
COMPENSATION FUND

DUE DATE:

MAY 1, 2001

☐ FLORIDA DEPARTMENT OF REVENUE  
☒ OTHER: DEPARTMENT OF STATE

AMOUNT DUE:

☐ NO TAX DUE  
☒ PAYMENT DUE: \$ 158.75  
☐ REFUND: \_\_\_\_\_  
☐ CREDIT EST. TAX: \_\_\_\_\_

MAIL: (Certified, Return Receipt)

RETURN & CHECK

TO: \_\_\_\_\_  
☐ INTERNAL REVENUE SERVICE  
Atlanta, GA 39901  
☐ INTERNAL REVENUE SERVICE

ESTIMATED TAX PAYMENTS:

YEAR ENDED:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_: \_\_\_\_\_

☐ FLORIDA DEPT. OF REVENUE  
Carlton-Building  
Tallahassee, FL 32399-01  
☐ DEPARTMENT OF LABOR  
Div. of Unempl. Comp.  
Bureau of Tax  
Tallahassee, FL 32399-0212  
☐ ABE SKINNER, PROP. APPRAISER  
3301 Tamiami Tr. E., Bldg C  
Naples, FL 34112-4996  
☐ SOCIAL SECURITY ADMINSTR.  
Data Operations Center  
Wilkes-Barre, PA 18769-0001

SIGNATURE/DATE/TITLE:

☐ YOURSELF ☐ FIDUCIARY  
☐ YOU & SPOUSE ☐ PARTNER  
☒ OFFICER

COMMENTS:

\* NOTE THE FEES ARE  
- ANNUAL REPORT 150.00  
- CERTIFICATE OF STATUS 8.75  
TOTAL 158.75  
SIGN AT RED "X" & REMIT

☒ OTHER: ENVELOPE  
PROVIDED

NOTES:

- (1) THE DUPLICATE COPY IS FOR YOUR FILES.
- (2) PENALTIES & INTEREST MAY BE ASSESSED BY THE VARIOUS AGENCIES