

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90074 032 ***150.00

0553128

DOCUMENT # P00000064074

1. Entity Name

W. C. MCINNIS COMPANY

Principal Place of Business

**2188 COUNTY ROAD 245D
OXFORD FL 34484**

Mailing Address

**2188 COUNTY ROAD 245D
OXFORD FL 34484**

2. Principal Place of Business

SIXTEEN SUNSET DR

Suite, Apt. #, etc.

3. Mailing Address

SIXTEEN SUNSET DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FL

Zip

33021

Country

BROWARD

City & State

HOLLYWOOD FL

Zip

33021

Country

BROWARD

4. FEI Number

59-3668923

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PEART, KATHLEEN A
2188 COUNTY ROAD 245D
OXFORD FL 34484**

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)

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

TITLE **PD** ☐ Delete
NAME **MCINNIS, WILLIAM C**
STREET ADDRESS **2188 COUNTY ROAD 245D**
CITY-ST-ZIP **OXFORD FL 34484**

TITLE **STD** ☐ Delete
NAME **PEART, KATHLEEN A**
STREET ADDRESS **2188 COUNTY ROAD 245D**
CITY-ST-ZIP **OXFORD FL 34484**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **MCINNIS WILLIAM C.**
STREET ADDRESS **SIXTEEN SUNSET DR**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

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

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NAME
STREET ADDRESS
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

WILLIAM C. MCINNIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 04/07/01
Date

561-559-1030
Daytime Phone #

CR2E034 (10/00)