

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90175 026 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000064074

1. Entity Name
W. C. MCINNIS COMPANY

Principal Place of Business

Mailing Address

~~SIXTEEN SUNSET DR~~
HOLLYWOOD FL 33021

~~SIXTEEN SUNSET DR~~
HOLLYWOOD FL 33021

2. Principal Place of Business

2A PALMETTO DR

3. Mailing Address

2A PALMETTO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SEWALL'S POINT FL

City & State
SEWALL'S POINT FL

4. FEI Number

59-3668923

Applied For

Not Applicable

Zip

Country

34996

MARTIN

Zip

Country

34996

MARTIN

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

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

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, 2002 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
PD
MCINNIS, WILLIAM C
SIXTEEN SUNSET DR
HOLLYWOOD FL 33021 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DR
MCINNIS WILLIAM C
2A PALMETTO DR
SEWALL'S POINT FL 34996 ☒ Change ☐ Addition

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

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

TITLE
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TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT 1-23-02 561-559-1030

CR2E034 (9/01)