2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000085367 1. Entity Name DAVID MCGOUGH, INC.						FILED Jan 18, 2001 8:00 am Secretary of State 01-18-2001 90023 041 ***150.00				
Principal Place of Business Mailing Address 706 SOUTH BAY BOULEVARD 706 SOUTH BAY BOULEVARD ANNA MARIA FL 34216 ANNA MARIA FL 34216					A A A A S S S A A A A A A A A A A A A A					
Principal Place of Business Sulte, Apt. #, etc.		3. Mailing Address P.O. Bof \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			DO NOT WRITE IN THIS SPACE					
City & State		City & State Maria, Fla.			4. FEI Number Applied F (5 104 039 Z Not Appli]
Zip	Country	34216	Country	٤٤_	5. Certi	ficate of Status Desi	red 🗆	\$8.75 Add Fee Required		
<u> </u>	6. Name and Address of Current I	Registered Agent	Name		7. Nam	e and Address of N	ew negistereo	Ageili	·	1
1201	Poration Service Company Hays Street Ahassee FL 32301-2525	Street Address		ddress (P	P.O. Box N	Number is Not Accep	otable)			†
IALL	MIMOSEE FE 32301-2323	art.	City				FL	Zip Code	9	
8. The above	named entity submits this statement for	the purpose of changing it	ts registered office or	registere	ed agent,	or both, in the State	of Florida.			1
							•			
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NC	TE: Registered Agent signatu	ure required t	when reinstat	ing)	DATE			
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so.	After MAY 1, 2	/!!! FEE IS \$150.0 2001 Fee will be \$5 able to Department	50.00		Election Campaig Trust Fund Contr			0 May Be I to Fees	
11.	OFFICERS AND		12.	. 01 0121	I	IONS/CHANGES TO	OFFICERS ANI	DIRECTOR:	S IN 11	╛.
TITLE	D	☐ Delete	TITLE			<u> </u>		Change	Addition	F034 (10/00)
NAME	MCGOUGH, DAVID 706 SOUTH BAY BOULEVARD		NAME Street address							17
STREET ADDRESS CITY-ST-ZIP	ANNA MARIA FL 34216		CITY-ST-ZIP							_ آبت
TITLE	D	☐ Delete	TITLE			 -		☐ Change	Addition	S.
NAME OTREET ARRESSO	MCGOUGH, ANN C		NAME STREET ADDRESS							1
STREET ADDRESS	706 South Bay Boulevard Anna Maria FL-34216	المعرب المساد	CITY-ST-ZIP	ــرو			-			
TITLE		☐ Delete	TITLE				-	☐ Change	☐ Addition	
NAME OFFICE ADDRESS			NAME STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition]
NAME			NAME STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP							
TITLE .		☐ Delete	TITLE			<u> </u>		☐ Change	Addition	7
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Addition	1
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
12 I boroby	certify that the information supplied with	this filing does not qualify	for the exemption sta	ted in Se	ction 119	.07(3)(i), Florida Stat	tutes. I further ce	ertify that the i	nformation	1
	d on this report or supplemental report is reporation or the receiver or trustee emps		t my signature shall r ort as required by Cha							

1.10.0