

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90331 026 ***150.00

0604455 AV

DOCUMENT # P00000102709

1. Entity Name
JOHN MCVEY CO.



Principal Place of Business
**3315 SW MCMULLEN ST
PORT ST LUCIE FL 34953**

Mailing Address
**3315 SW MCMULLEN ST
PORT ST LUCIE FL 34953**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1058271**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MCVEY, JOHN E
8110 NW 94TH AVE
TAMARAC FL 33321**

Name **JOHN E. McVEY**

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

3315 SW. Mc MULLEN ST.

City **PORT ST. LUCIE**

FL

Zip Code **34953**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John E. McVey*
Signature, typed or printed name of registered agent and title if applicable.

JOHN E. McVEY SD

(NOTE: Registered Agent signature required when reinstating)

2/6/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCVEY, JOHN E	
STREET ADDRESS	8110NW 94 AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCVEY, JOHN E	
STREET ADDRESS	3315 SW MCMULLEN ST	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN E. MCVEY	
STREET ADDRESS	1002 B PATTY AVE.	
CITY-ST-ZIP	SEVIERVILLE, TN 37862	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John E. McVey* **JOHN E. McVEY** **2/6/03** **(772) 336-2055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)