

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109089

1. Entity Name

MCKINNEY-BROWN ADVERTISING, INC.

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90340 032 \*\*\*150.00

Principal Place of Business

6709 S.W. 88TH STREET #227  
MIAMI FL 33156

Mailing Address

6709 S.W. 88TH STREET #227  
MIAMI FL 33156

ADDRESS CHANGE

2. Principal Place of Business

6401 SW 84 ST  
Suite, Apt. #, etc.

3. Mailing Address

6401 SW 84 ST  
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

52-2292501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, JAMIE L

6709 S.W. 88TH STREET #227  
MIAMI FL 33156

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. ☐

**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

TITLE PD  
NAME MCKINNEY, JAMIE L  
STREET ADDRESS 6709 S.W. 88TH STREET #227  
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE SVTD  
NAME BROWN, ELIZABETH ANNE  
STREET ADDRESS 6709 S.W. 88TH STREET #227  
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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 is not on the list of persons who are prohibited from serving as officers or directors of a corporation under Chapter 607, Florida Statutes.

CR2E034 (9/01)