

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90277 034 ***150.00

0451097 AV

DOCUMENT # P00000110148

1. Entity Name

~~BETSY MCCOY BENEDICT, P.A.~~

McCon Law Group, PA effective 1/1/03



Principal Place of Business
777 S HARBOUR ISLAND BLVD
SUITE 130
TAMPA FL 33602

Mailing Address
777 S HARBOUR ISLAND BLVD
SUITE 130
TAMPA FL 33602

2. Principal Place of Business

4350 West Cypress

Suite, Apt. #, etc.

250

City & State

Tampa Fla

Zip

33607

Country

USA

3. Mailing Address

4350 West Cypress

Suite, Apt. #, etc.

250

City & State

Tampa Fla

Zip

33607

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3685375

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENEDICT, BETSY M
777 SOUTH HARBOUR ISLAND BLVD
STE 130
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Betsy McCon
Street Address (P.O. Box Number is Not Acceptable)
4350 West Cypress Street
Suite 250
City Tampa FL Zip Code 33607

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

Signature typed or printed name of registered agent and client if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 22, 2003

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEDICT, BETSY MCCOY 777 S HARBOUR ISLAND BLVD SUITE 130 TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Betsy McCon Benedict 4350 West Cypress Suite 250 Tampa Fla 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2003 8138782500

Date

Daytime Phone #

CR2E034 (10/02)