FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91165 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000018299

1. Entity Name
WILLIAM H. McCARTY, JR., ESQ. P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1170 LAGUNA SPRINGS DR	1170 LAGUNA SPRINGS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 06-1608943 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WILLIAM H. McCARTY, JR.

Street Address (P.O. Box Number is Not Acceptable): 1170 LAGUNA SPRINGS DR.

City: WESTON FL Zip: 33326

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: _____ DATE: 4/30/02

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT, SEC/TREASURER, DIRECTOR
NAME	WILLIAM H. McCARTY, JR. ESQ
STREET ADDRESS	1170 LAGUNA SPRINGS DR.
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 appea rs in Block 11 or an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/02 954-349-8344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)