

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91165 008 ***150.00

**FORPROFIT CORPORATION
UNIFORMBUSINESSREPORT(UBR)**

DOCUMENT# **P61000018299** ✓

1. Entity Name

WILLIAM H. McCARTHY, JR., ESQ. PA.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1170 LAGUNA SPRINGS DR.

3. Mailing Address

1170 LAGUNA SPRINGS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON, FL

City & State

WESTON, FL

4. FEIN Number

06-1608943

Applied For

Not Applicable

Zip **33326**

Country **USA**

Zip **33326**

Country **USA**

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. McCARTHY, JR.

Street Address (P.O. Box Numbers 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



Signature, type or print text of agent, and if applicable, (NOTE: Registered Agent's signature required when re-issuing)

4/30/02

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elect 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 **PROFESSOR, SEC/TREASURER DIRECTOR**
NAME **WILLIAM H. McCARTHY, JR. ESQ.**
STREET ADDRESS **1170 LAGUNA SPRINGS DR., WESTON, FL**
CITY - ST - ZIP **33326**

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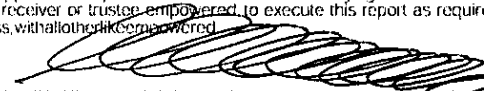
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 appears in Block 11 or on an attachment with an address, with all the foregoing.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

904-349-8344

Daytime Phone #

CR2E034B (12/01)