

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90227 022 ***150.00

DOCUMENT # P01000025352

1. Entity Name
BRENNAN D. MCCARTHY, P.A.



Principal Place of Business
2089 S TAMiami TRAIL
VENICE FL 34293

Mailing Address
2089 S TAMiami TRAIL
VENICE FL 34293

2. Principal Place of Business
141 FORD CYPRESS RD.
Suite, Apt. #, etc.

3. Mailing Address
141 FORD CYPRESS ROAD
Suite, Apt. #, etc.

City & State
VENICE, FLORIDA
Zip
34292
Country
USA

City & State
VENICE, FLORIDA
Zip
34292
Country
USA

4. FEI Number **65-1088041**

Applied For
Not Applicable

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

MCCARTHY, BRENNAN D
2089 S TAMiami TRAIL
VENICE FL 34293

Name

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

City

FL

Zip Code

8. The above named entity submits the 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 obligation of registered agent.

SIGNATURE *Brennan D. McCarthy*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input type="checkbox"/> Delete
NAME MCCARTHY, BRENNAN D	
STREET ADDRESS 2089 S TAMiami TRAIL	
CITY-ST-ZIP VENICE FL 34293	
TITLE	<input type="checkbox"/> Delete
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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: *Brennan D. McCarthy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03 **941-468-3605**
Date Daytime Phone #

CR2E034 (10/02)