

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90733 042 \*\*\*550.00

**DOCUMENT # P01000038231**

1. Entity Name  
**JAMES MCCOY, INC.**

Principal Place of Business  
**331 EAST LAKE CLUB DRIVE  
 OLDSMAR FL 34677**

Mailing Address  
**331 EAST LAKE CLUB DRIVE  
 OLDSMAR FL 34677**

2. Principal Place of Business  
**14502 N. Dale Mabry**  
 Suite, Apt. #, etc.  
**Suite 200**

3. Mailing Address  
**14502 N. Dale Mabry**  
 Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Tampa FL**

City & State  
**Tampa FL**

Zip  
**33618**

Country  
**U.S.**

Zip  
**33618**

Country  
**U.S.**

4. FEI Number  
**02-0567860**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCCOY, JAMES**  
**331 EAST LAKE CLUB DRIVE**  
**OLDSMAR FL 34677**

**7. Name and Address of New Registered Agent**

Name **James McCoy**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3817 Northgreen Ave**  
**Apartment #1605**  
 City **Tampa** **FL** Zip Code **33624**

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. (See criteria on back) ☐

**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 **PSD** ☐ Delete  
 NAME **MCCOY, JAMES**  
 STREET ADDRESS **331 EAST LAKE CLUB DRIVE**  
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PSD** ☒ Change ☐ Addition  
 NAME **James McCoy**  
 STREET ADDRESS **3817 Northgreen Ave #1605**  
 CITY-ST-ZIP **Tampa FL 33624**

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James McCoy**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/22/02** **(813) 787-5062**  
 Date Daytime Phone #

CR2E034 (9/01)