

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90424 042 ***150.00

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DOCUMENT # P01000063214

1. Entity Name

CHRIS MCTARNAGHAN, LCSW, P.A.



Principal Place of Business
4237 SALISBURY ROAD NORTH
SUITE 111
JACKSONVILLE FL 32216

Mailing Address
~~11250 BROCKTON PLACE~~
~~JACKSONVILLE FL 32257~~
PO Box 550954
JACKSONVILLE FL 32255-0954

2. Principal Place of Business

3. Mailing Address

P.O. Box 550954

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE FL

4. FEI Number 59-3730962

Applied For
Not Applicable

Zip

Country

Zip
322550954

Country
UNVAL

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name Chris McTarnaghan
Street Address (P.O. Box Number is Not Acceptable)
11250 Brockton Place
City Jacksonville FL Zip Code 32257

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PD
STREET ADDRESS MC TARNAGHAN, CHRIS
CITY-ST-ZIP 4237 SALISBURY ROAD NORTH SUITE 111
JACKSONVILLE FL 32216 ☐ Delete

TITLE NAME new address:
STREET ADDRESS 11250 Brockton Place
CITY-ST-ZIP Jacksonville FL 32257 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
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: SIG Chris P McTarnaghan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2003 904-296-9033
Date Daytime Phone #

CR2E034 (10/02)