

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90154 005 ***150.00

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DOCUMENT # P01000086989

1. Entity Name

SCOTT COLE CLASSIC HOMES, INC.

McGARVEY DOERER CUSTOM HOMES, INC.

Principal Place of Business

Mailing Address

**5366 FIFTH STREET
ST AUGUSTINE BEACH FL 32084**

**5366 FIFTH STREET
ST AUGUSTINE BEACH FL 32084**

2. Principal Place of Business

2453 So. Third Street

Suite, Apt. #, etc.

3. Mailing Address

2453 So. Third Street

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

4. FEI Number

75-2986480

Applied For

Not Applicable

Zip
32250

Country
Duval

Zip
32250

Country
Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAX CO.
C/O MCGUIREWOODS LLP
50 NORTH LAURA STREET SUITE 3300
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name
James N. McGarvey, Jr.
Street Address (P.O. Box Number is Not Acceptable)
2453 So. Third Street

City
Jacksonville Beach **FL** Zip Code
32250

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

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

3/22/02

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 NAME STREET ADDRESS CITY-ST-ZIP	D COLE, SCOTT III 5366 FIFTH STREET ST AUGUSTINE BEACH FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUSH, JOAN M 5366 FIFTH STREET ST AUGUSTINE BEACH FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGARVEY, JAMES N JR 5366 FIFTH STREET ST AUGUSTINE BEACH FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Secretary James N. McGarvey, Jr. 2453 So. Third Street Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President John Tracy Doerer 2453 So. Third Street Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 N. McGarvey, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James N. McGarvey, Jr.

3/22/02 904-247-9160

Date

Daytime Phone #

CR2E034 (9/01)

80067146



DO NOT WRITE IN THIS SPACE