

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90225 019 \*\*\*150.00

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**DOCUMENT # P01000086989**

1. Entity Name

**MCGARVEY DOERER CUSTOM HOMES, INC.**



Principal Place of Business

**2453 SO. THIRD STREET  
JACKSONVILLE BEACH FL 32250**

Mailing Address

**2453 SO. THIRD STREET  
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

**432 Osceola Ave**

3. Mailing Address

**200 BoxHall Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville Bch, Florida**

City & State

**Jacksonville, Florida**

Zip

**32250**

Country

**USA**

Zip

**32259**

Country

**USA**

4. FEI Number

**75-2986580**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCGARVEY, JAMES N JR  
2453 SO. THIRD STREET  
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name

**SAME**

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

**432 Osceola Ave.**

City

**Jacksonville Bch**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-2-03**

**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

TITLE **PS** ☒ Delete  
NAME **MCGARVEY, JAMES N JR**  
STREET ADDRESS **2453 SO. THIRD STREET**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **VP** ☒ Delete  
NAME **DOERER, JOHN T**  
STREET ADDRESS **2453 SO. THIRD STREET**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** ☐ Delete  
NAME **MCGARVEY, JAMES N JR**  
STREET ADDRESS **5366 FIFTH STREET**  
CITY-ST-ZIP **ST AUGUSTINE BEACH FL 32084**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary, Treasurer** ☒ Change ☐ Addition  
NAME **McGarvey, James N. Jr.**  
STREET ADDRESS **432 Osceola Ave**  
CITY-ST-ZIP **Jacksonville Bch, Fl. 32250**

TITLE **President** ☒ Change ☐ Addition  
NAME **Doerer, John T.**  
STREET ADDRESS **432 Osceola Ave**  
CITY-ST-ZIP **Jacksonville Bch Fl. 32250**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Doerer, John T.**  
STREET ADDRESS **432 Osceola Ave**  
CITY-ST-ZIP **Jacksonville Bch Fl. 32250**

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

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

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**

**4-2-03**

**904-247-9160**

Date

Daytime Phone #

CR2E034 (10/02)