

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90168 015 \*\*\*150.00

**DOCUMENT # P02000042670**

**1. Entity Name**  
**MCCOY PROPERTY MANAGEMENT, INC.**



**Principal Place of Business**  
**11251 NW 4TH CT**  
**PLANTATION FL 33325**

**Mailing Address**  
**11251 NW 4TH CT**  
**PLANTATION FL 33325**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

06-1689804

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

11003486



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

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

**MCCOY, JOHN**  
**11251 NW 4TH CT**  
**PLANTATION FL 33325**

Name

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

City

**FL**

Zip Code

**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**

JOHN MCCOY

4/17/03

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**  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**TITLE** P ☐ Delete  
**NAME** MCCOY, JOHN  
**STREET ADDRESS** 11251 NW 4TH CT  
**CITY-ST-ZIP** PLANTATION FL 33325

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

**TITLE** VP ☐ Delete  
**NAME** ~~Peter Albert~~ Peter Albert  
**STREET ADDRESS**  
**CITY-ST-ZIP** 11251 NW 4TH CT  
Plantation FL 33325

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

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

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

**TITLE** SECRETARY ☐ Delete  
**NAME** KAREN MCCOY  
**STREET ADDRESS** 11251 NW 4TH CT  
**CITY-ST-ZIP** PLANTATION FL 33325

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

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

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

**TITLE** TREASURER ☐ Delete  
**NAME** BRIAN MCCOY  
**STREET ADDRESS** 11251 NW 4TH CT  
**CITY-ST-ZIP** PLANTATION FL 33325

**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 RESOHN MCCOY

Date

Daytime Phone #

CR2E034 (10/02)