2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000068772

Entity Name: MCKINNEY ENTERPRISES OF CENTRAL FLORIDA, INC.

FILED Apr 09, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

804 E 19TH ST 1648 TAYLOR RD

NEW SMYRNA BEACH, FL 32169 142

PORT ORANGE, FL 32128 US

Current Mailing Address: New Mailing Address:

804 E 19TH ST 1648 TAYLOR RD

NEW SMYRNA BEACH, FL 32169 142 PORT ORANGE, FL 32128

FEI Number: 04-3691626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCKINNEY, NORMAN B
804 E 19TH ST
1648 TAYLOR RD

NEW SMYRNA BEACH, FL 32169 142
PORT ORANGE, FL 32128

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: NORMAN B MCKINNEY 04/09/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: MCKINNEY, NORMAN B Name: MCKINNEY, NORMAN B

 Address:
 804 E 19TH ST
 Address:
 1648 TAYLOR RD #142

 City-St-Zip:
 NEW SMYRNA BEACH, FL 32169
 City-St-Zip:
 PORT ORANGE, FL 32128

Title: D () Delete Title: D (X) Change () Addition Name: MCKINNEY, CHERYL J Name: EMPERATO, KIMBERLY J

Address: 804 E 19TH ST Address: 1648 TAYLOR RD #142 City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN B MCKINNEY PRES 04/09/2003