

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90358 045 ***150.00

DOCUMENT # **P02000074661**

1. Entity Name
DONALD B. MCKAY, P.A.



Principal Place of Business
**5623 US HWY 19, STE 236
NEW PORT RICHEY FL 34652**

Mailing Address
**5623 US HWY 19, STE 236
NEW PORT RICHEY FL 34652**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
5623 U. S. Hwy 19

Suite, Apt. #, etc.

Suite 112

City & State
New Port Richey, FL

3. Mailing Address

5623 U. S. Hwy 19

Suite, Apt. #, etc.

Suite 112

City & State
New Port Richey, FL

4. FEI Number
01-0734158

Applied For
 Not Applicable

Zip
34652

Country
USA

Zip
34652

Country
USA

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

6. Name and Address of Current Registered Agent

**MCKAY, DONALD B
5623 US HWY 19, STE 236
NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name
Donald B. McKay
Street Address (P.O. Box Number is Not Acceptable)
5623 U. S. Hwy 19

Suite 112

City
New Port Richey, FL Zip Code
34652

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 *Donald B. McKay*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1.10.2003

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 Delete
NAME **D MCKAY, DONALD B**
STREET ADDRESS **18547 QUEEN BROOKS CT**
CITY-ST-ZIP **HUDSON FL 34667**

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 Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
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: *Donald B. McKay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.10.03 727.848.0587
Date Daytime Phone #

CR2E034 (10/02)