

FILED
Mar 19, 2003 8:00 am
Secretary of State

02-20-2003 90131 047 ***158.75

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☐ CHECK HERE IF MAKING CHANGES

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

DOCUMENT # P02000088550

1. Entity Name

MCKINLEY CAPITAL MANAGEMENT, INC.



Principal Place of Business

**6555 POWERLINE ROAD
SUITE 214
FORT LAUDERDALE FL 33309**

Mailing Address

**6555 POWERLINE ROAD
SUITE 214
FORT LAUDERDALE FL 33309**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

02-0678939

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZIMMERMAN, E. ROSS
7797 N. UNIVERSITY DRIVE
SUITE 108
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

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

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

TITLE **PS** ☐ Delete
NAME **MCKINLEY, JAMES**
STREET ADDRESS **6555 POWERLINE ROAD, SUITE 214**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **V** ☒ Delete
NAME **PITTMAN, THURGOOD**
STREET ADDRESS **6555 POWERLINE ROAD, SUITE 214**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **T** ☒ Delete
NAME **GIFFORD, VERA**
STREET ADDRESS **6555 POWERLINE ROAD, SUITE 214**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

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

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

TITLE ☐ Change ☐ Addition
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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:

James McKinley **QUINCE JAMES MCKINLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/03 (954) 938-2685

Daytime Phone #

CR2034 (10/02)