# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -1 PM 12:12

DOCUMENT # P08000096082

1. Entity Name: MCNAB ASSISTANCE CORP

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number |
|---|---|---|
| 1000 W MCNAB ROAD | 1000 W MCNAB ROAD | 27-0622472 |
| Suite, Apt. #, etc.: SUITE # 210 | Suite, Apt. #, etc.: SUITE # 210 | Applied For ☐ Not Applicable ☐ |
| City & State: POMPANO BEACH FLA | City & State: POMPANO BEACH FLA | |
| Zip: 33069-4719 Country: USA | Zip: 33069-4719 Country: | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |

~~500186441905~~
~~10/07/10--01035--006 **550.00~~

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: RICHARD ROBINSON JR
Street Address (P.O. Box Number is Not Acceptable): 120 E. OAKLAND PK BLVD #1058
City: FT LAUDERDALE FL Zip Code: 33334

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: X _____ DATE
Signature required of the new registered agent if appointed. (NOTE: Registered agent signature required when reinstating)

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 | PRESIDENT | TITLE | |
| NAME | RICHARD ROBINSON JR | NAME | |
| STREET ADDRESS | 120 E OAKLAND PK BLVD | STREET ADDRESS | 500186441905 |
| CITY-ST-ZIP | FT LAUDERDALE FL 33334 | CITY-ST-ZIP | 10/07/10--01035--006 **550.00 |
| TITLE | | TITLE | |
| NAME | | NAME | 500186441905 |
| STREET ADDRESS | | STREET ADDRESS | 11/01/10--01048--007 **208.75 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | **DO NOT WRITE** |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | **IN THIS SPACE** |
| TITLE | D 11/2/10 | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | REINSTATEMENT 10 | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** X _____ APR 1 2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #