

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90133 024 ***150.00

DOCUMENT # P08239
 Entity Name
MCO INDUSTRIES, INC.

Principal Place of Business **Mailing Address**
 Road 183. KM5 P.O. Box 1264
 San Lorenzo, Puerto Rico San Lorenzo, PR
 00754 00754

Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 66-0347081 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Crowell, Patrick C.
 320 N. Magnolia Avenue
 B-9
 Orlando, Florida 32801

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	McComas, John	
STREET ADDRESS	P.O. Box 158 N/A	
CITY-ST-ZIP	Maunabo, PR 00707	
TITLE	TD	<input type="checkbox"/> Delete
NAME	McComas de Miro, Nilda	
STREET ADDRESS	P.O. Box 1264 N/A	
CITY-ST-ZIP	San Lorenzo, Puerto Rico 00754	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Rodriguez, Rene	
STREET ADDRESS	P.O. Box 1264 N/A	
CITY-ST-ZIP	San Lorenzo, Puerto Rico 00754	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	Miranda, Angel M.	
STREET ADDRESS	P.O. Box 1264 N/A	
CITY-ST-ZIP	San Lorenzo, Puerto Rico 00754	
TITLE	AS	<input type="checkbox"/> Delete
NAME	Nevarez, Andres	
STREET ADDRESS	P.O. Box 158 N/A	
CITY-ST-ZIP	Maunabo, Puerto Rico 00707	
TITLE	D	<input type="checkbox"/> Delete
NAME	McComas, Hugh	
STREET ADDRESS	P.O. Box 1264 N/A	
CITY-ST-ZIP	San Lorenzo, Puerto Rico 00754	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4-21-00** **407-886-5004**
 _____ **Date** **Daytime Phone #**
Hugh G. McComas

CR2E034 (9/99)