2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # P30171** R.J. MCCOY, INC. 04-26-2001 90320 043 ***150.00 Principal Place of Business Mailing Address 3207 WHEATLEY RD 3207 WHEATLEY RD TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 2. Principal Place of Business 3. Mailing Address 429 Pickfair Terrace 929 Pickfair Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 36-3648380 Lake Ma Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J. McCou MCCOY, RONALD J Street Address (P.O. Box Number is Not Acceptable) 3207 WHEATLEY RD TALLAHASSEE FL 32310 929 Pickfair Terrace Zio Code 46 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. the State of Florida. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intancible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete Change TITLE ■ Addition MCCOY, RONALD NAME STREET ADDRESS 3207 WHEATLEY ROAD 929 Pickfair Terrace STREET ADDRESS Lake Mary, FL 32746 CITY-ST-ZIP TALLAHASSEE FL CHY-ST-7IP Delete Change TITLE TITLE Addition MCCOY, DELORES NAME NAME STREET ADDRESS 3207 WHEATLEY ROAD STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL C!1Y - ST - ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete IIII ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE Change Addition NAME NAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TOTALE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-7IP 13. Thereby certify that the information supplied with this filling 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. Coy 4/19/01 40.