

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P38878**

1. Entity Name

MCKIM & CREED, P.A.

Principal Place of Business

243 N. FRONT ST.
WILMINGTON NC 28401

Mailing Address

243 N. FRONT ST.
WILMINGTON NC 28401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1292862

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

A. Street Lee

Street Address (P.O. Box Number is Not Acceptable)

601 Cleveland Street, Suite 205

City

Clearwater,

FL

Zip Code
33755

7. Name and Address of New Registered Agent

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.

SIGNATURE **A. Street Lee**

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

(NOTE: Registered Agent signature required when reinstating)

7/18/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

CR2E034 (5/01)

TITLE **PCD**
NAME **CREED, MICHAEL W**
STREET ADDRESS **1901 MASON AVENUE, SUITE 102**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**243 N Front St
Wilmington, NC 28401**

TITLE **V/D**
NAME **MCKIM, HERBERT P**
STREET ADDRESS **243 N. FRONT STREET**
CITY-ST-ZIP **WILMINGTON NC 28401**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **V/T**
NAME **THOMPSON, JOHN D**
STREET ADDRESS **243 N. FRONT STREET**
CITY-ST-ZIP **WILMINGTON NC 28401**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **V/D**
NAME **HALL, WILLIAM L JR**
STREET ADDRESS **5625 DILLARD DR., SUITE 117**
CITY-ST-ZIP **CARY NC 27511**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **V/D**
NAME **ROBERT M EDWARDS**
STREET ADDRESS **7111 GRAND NATIONAL DR STE 103**
CITY-ST-ZIP **ORLANDO FL 32819**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **VDS**
NAME **GLASS, CHRISTOPHER H**
STREET ADDRESS **5625 DILLARD DR., SUITE 117**
CITY-ST-ZIP **CARY NC 27511**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Reed, Michael W. REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

910-343-1048

Date

Daytime Phone #