

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90005 044 ***550.00

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CREED, MICHAEL W
 1901 MASON AVENUE, SUITE 102
 DAYTONA BEACH FL 32117**

Name

A. Street Lee

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

601 Cleveland Street, Suite 205

City

Clearwater,

FL

Zip Code

33755

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

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **243 N Front St**
 CITY-ST-ZIP **Wilmington, NC 28401**

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **V/D**
 STREET ADDRESS **Dennis Benham**
 CITY-ST-ZIP **601 Cleveland St, Suite 205
 Clearwater, FL 33755**

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

TITLE ☐ Change ☐ 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:

NOTAR PUBLIC REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

910-343-1048

Daytime Phone #

CR2E034 (5/01)