

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90108 041 ***150.00

DOCUMENT # P92000012003

1. Entity Name

MCCARTHY, SUMMERS, BOBKO, WOOD, SAWYER & PERRY,

Principal Place of Business

Mailing Address

2081 E OCEAN BLVD
2ND FLOOR
STUART FL 34996
US

2081 E OCEAN BLVD
2ND FLOOR
STUART FL 34996
US

2. Principal Place of Business

2400 SE FEDERAL Hwy.

3. Mailing Address

SAFE

Suite, Apt. #, etc.

FOURTH FLOOR

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

Zip 34994

Country USA

Zip

Country

4. FEI Number 65-0374285

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

SUMMERS, ROBERT P.
2081 E OCEAN BOULEVARD
SUITE 2-A
STUART FL 34996

Name

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

2400 SE FEDERAL Hwy.

FOURTH FLOOR

City STUART

FL

Zip Code 34994

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

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

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARTHY, TERENCE P. 2081 E. OCEAN BLVD. 2-A STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUMMERS, ROBERT P 2081 E. OCEAN BLVD. 2-A STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOBKO, NOEL 2081 E OCEAN BOULEVARD STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP STEVEN, PERRY L 2081 E. OCEAN BLVD STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP WOOD, STEVEN 2081 E OCEAN BLVD STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP SAWYER, THOMAS 2081 E OCEAN BLVD STUART FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2400 SE FEDERAL Hwy. FOURTH FLOOR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2400 SE FEDERAL Hwy. FOURTH FLOOR STUART, FL 34994
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2400 SE FEDERAL Hwy. FOURTH FLOOR STUART, FL 34994

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASVP

3-6-01

561-286-1700

Date

Daytime Phone #

CR2E034 (10/00)