

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90002 039 ***150.00

0041615 AV

DOCUMENT # P93000012357

1. Entity Name

MCVEY CREATIVE GROUP, INC.

Principal Place of Business

**133 FIRST STREET, N.E.
 ST. PETERSBURG FL 33701**

Mailing Address

**133 FIRST STREET, N.E.
 ST. PETERSBURG FL 33701**

2. Principal Place of Business

4321 Columbus way S.
 Suite, Apt. #, etc.

3. Mailing Address

4321 Columbus way S.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3158535

Applied For

Not Applicable

Zip

33712

Country

USA

Zip

33712

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MCVEY, MARK
 4321 COLUMBUS WAY SOUTH
 SAINT PETERSBURG FL 33712**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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	MCVEY, MARK	
STREET ADDRESS	133 FIRST STREET, N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCVEY, MANDY	
STREET ADDRESS	133 FIRST STREET, N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mcvey, mark	
STREET ADDRESS	4321 Columbus way S.	
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mcvey, mandy	
STREET ADDRESS	4321 Columbus way S.	
CITY-ST-ZIP	St. Petersburg, FL 33712	
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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)