

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064867

1. Entity Name

2940 CORPORATION

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90004 028 ***150.00

Principal Place of Business

2940 CARDINAL DR
STE 2
VERO BEACH FL 32963
US

Mailing Address

PO BOX 3363
VERO BEACH FL 32964
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0438435

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HARPRING, LISA D ESQ.~~
~~2345 14TH ST.~~
~~VERO BEACH FL 32960~~

Name

HARPRING

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

2940 CARDINAL DR. (STE. 1)

City

VERO BEACH

FL

Zip Code

32963

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

Eric D. Harpring

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/12/01

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	D	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, EDWARD	
STREET ADDRESS	1611 E. CAMINO DEL RIO	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, MARNIE G	
STREET ADDRESS	1611 E. CAMINO DEL RIO	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Edward McLaughlin EDWARD MCLAUGHLIN

4-12-01

561-231-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)