


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90794 029 ***150.00

0016114 AV

DOCUMENT # P93000088607	
1. Entity Name MCKAY COMPUTER TECHNOLOGIES, INC.	

Principal Place of Business 5050 AUDUBON AVE DELEON SPRINGS FL 32130-1700 US	Mailing Address P.O. BOX 1700 DELEON SPRINGS FL 32130-1700
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2. Principal Place of Business 7405 Crystal Clear Ave.	3. Mailing Address 7405 Crystal Clear Ave.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Las Vegas NV	City & State Las Vegas NV
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Zip 89113-0740	Country	Zip 89113-0740	Country
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3234789	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCKAY, FREDERIC B 5050 AUDUBON DELEON SPRINGS FL 32130	7. Name and Address of New Registered Agent Name John B. Sherman Street Address (P.O. Box Number is Not Acceptable) 1665 North Lexington Ave. #106 City DeLand FL Zip 32724
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE 4/29/03 (NOTE: Registered Agent signature required when reinstating)
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPST <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE MCKAY, FREDERIC B	TITLE MCKAY, FREDERIC B
NAME MCKAY, FREDERIC B	NAME MCKAY, FREDERIC B	STREET ADDRESS 7405 Crystal Clear	STREET ADDRESS 7405 Crystal Clear
CITY-ST-ZIP Las Vegas NV 89113	CITY-ST-ZIP Las Vegas NV 89113	CITY-ST-ZIP Las Vegas NV 89113	CITY-ST-ZIP Las Vegas NV 89113
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

12. 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 10 or Block 11 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	Fred B. McKay President	4/29/03 Date	 Daytime Phone #
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CR2E034 (10/02)