

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90124 038 ***150.00

DOCUMENT # P94000009424

1. Entity Name

J. ROBERT MCCORMACK, P.A.

Principal Place of Business

2723 BELLE HAVEN DR
 CLEARWATER FL 33763
 US

Mailing Address

2723 BELLE HAVEN DR
 CLEARWATER FL 33763
 US

2. Principal Place of Business

2555 Enterprise Rd

3. Mailing Address

2555 Enterprise Rd

Suite, Apt. #, etc.

Unit 15

Suite, Apt. #, etc.

Unit 15

City & State

Clearwater, FL

City & State

Clearwater FL

Zip

33763

Country

U.S.

Zip

33763

Country

U.S.

6. Name and Address of Current Registered Agent

MCCORMACK, J. R
2728 BELLE HAVEN DR
CLEARWATER FL 33763

7. Name and Address of New Registered Agent

Name **J. Robert McCormack**

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

2555 Enterprise Rd

Unit 15

City

Clearwater

FL

Zip Code

33763

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

J. Robert McCormack

J. Robert McCormack, President

4/27/01

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

TITLE ☐ Delete
 NAME **DPST**
 STREET ADDRESS **MCCORMACK, J. ROBERT**
 CITY-ST-ZIP **2723 BELLE HAVEN DR**
CLEARWATER FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

J. Robert McCormack

4/27/01

727-796-7666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0369467