## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Apr 12, 2001 8:00 am Secretary of State DOCUMENT # **P94000048990** MCKENZIE BUILDERS, INC. 04-12-2001 90043 036 \*\*\*150.00 Principal Place of Business , Mailing Address 611 MANATEE AVE. E. 611 MANATEE AVE. E. **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0506124 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCKENZIE, ROY D Street Address (P.O. Box Number is Not Acceptable) 611 MANATEE AVE. E. **BRADENTON FL 34208** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change CR2E034 (10/00 TITLE ☐ Delete TITLE MCKENZIE, ROY D NAME NAME 13507 2 AVE NE STREET ADDRESS STREET ADDRESS 651 10TH ST E CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL TSD TITLE ☐ Detete TITLE MCKENZIE, B. GAIL NAME NAME 13507 2 AVENE STREET ADDRESS STREET ADDRESS 651 10TH ST E CITY-ST-7IP CITY-ST-ZIP PALMETTO FL VPD ..... Change" TITLE ---TITLE . ---MCKENZIE, T K NAME NAME 12205 4 StE STREET ADDRESS STREET ADDRESS 651 10TH ST E Treasure Island FL 33706 CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL Change ☐ Addition TITLE TITLE ☐ Delete CHALKER, CYNTHIA NAME NAME 10501 OLD Tampa Ad 651 10TH ST E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Parrish FL 34219 CITY-ST-ZIP PALMETTO FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a yaddress, with all other like empowered.

CER OR DIRECTOR