

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058735

1. Entity Name
MCELROY INTERNATIONAL, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90103 010 ***150.00

Principal Place of Business
901 NORTHPOINT PARKWAY
SUITE 300
WEST PALM BEACH FL 33407
US

Mailing Address
901 NORTHPOINT PARKWAY
SUITE 300
WEST PALM BEACH FL 33407
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1001 S. Flagler Drive
Suite, Apt. #, etc.
801

3. Mailing Address
1001 S. Flagler Drive
Suite, Apt. #, etc.
801

City & State
West Palm Beach FL
Zip
33401
Country
USA

City & State
West Palm Beach, FL
Zip
33401
Country
USA

4. FEI Number 65-0518700

Applied For
Not Applicable

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

MCELROY, DAVID
412 WRIGHT DRIVE
LAKE WORTH FL 33461

Name

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

1001 S. Flagler Drive
#801

City

West Palm Beach

FL

Zip Code

33401

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 reinstalling)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
MCELROY, DAVID
412 WRIGHT DRIVE
LAKE WORTH FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1001 S. Flagler Drive #801
West Palm Beach - FL - 33401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)