

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076160

1. Entity Name

J.P. MCCAULEY, C.P.A., P.A.

FILED

Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90041 048 ***150.00

Principal Place of Business

1407 E ROBINSON ST
ORLANDO FL 32801
US

Mailing Address

1407 E ROBINSON ST
ORLANDO FL 32801
US

933000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2600 MAITLAND Ctr. Aving.

3. Mailing Address

Suite, Apt. #, etc.

340

City & State

MAITLAND, FL

Zip

32751

Country

Orange

4. FEI Number 59-3275175

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCAULEY, J.P.
2110 HOWARD DRIVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name J.P. McCauley

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

145 Spring Chase Ct.

City ALTAMONTE SPRINGS FL

Zip Code 32714

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 By: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

03/17/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCAULEY, J.P.	
STREET ADDRESS	2110 HOWARD DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	145 Spring Chase Ct.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

[Signature]
Signature and typed or printed name of signing officer or director
J.P. McCauley

Date

03/17/01 407-660-2333

Daytime Phone #

CR2E034 (10/00)