

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90131 016 ***150.00

DOCUMENT # P94000076160

1. Entity Name
J.P. MCCAULEY, C.P.A., P.A.



Principal Place of Business
**2600 MAITLAND CTR PKWY
340
MAITLAND FL 32751
US**

Mailing Address
**2600 MAITLAND CTR PKWY
340
MAITLAND FL 32751
US**



2. Principal Place of Business

421 MONTGOMERY Rd.

Suite, Apt. #, etc.

#135

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

SEMINOLE

3. Mailing Address

NOTE:

Suite, Apt. #, etc.

MOVING 7/1/03

City & State

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**MCCAULEY, J.P.
145 SPRING CHASE CIRCLE
ALTAMONTE SPRINGS FL 32714**

Name:

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	MCCAULEY, J.P.	145 SPRING CHASE CR ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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

J.P. MCCAULEY, C.P.A., P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/03
Date

407-660-2333
Daytime Phone #

CR2E034 (10/02)