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

## P94000079104 DOCUMENT #

1. Entity Name

MCKINNON & MCKINNON, CHARTERED



**FILED** Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90031 006 \*\*\*150.00

Principal Place 3405 OCEAN VERO BEACH US		3405 OCEAN DE	Mailing Address 3405 OCEAN DR. VERO BEACH FL 32963 US						
2. Principal P	Place of Business	3. Mailing Address			_			88111 <b>1</b> 181 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CLA CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State	City & State			4. FEI Number 65-0532357		pplied For ot Applicable	
Zip Country Zip		Zip	Zip Country		<b>5.</b> C	5. Certificate of Status Desired See Required Fee Required		ditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
MCKINNON, CHARLES R. 3405 OCEAN DR. VERO BEACH FL 32963				Name Charles W. McKinnon Street Address (P.O. Box Number is Not Acceptable) 3405 Ocean Drive Vero Beach, FL 32963					
				City	FL Zip Code				
F After	Signature typed or print the projection of Action MCK1n ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 r Payable to Florida Department	00	(NOTE: Registere	d Agent signature requ		Election Campaign Financing     Trust Fund Contribution.	\$5.0	OO May Be	
10.	OFFICERS A	ND DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKINNON, CHARLES R. 3405 OCEAN DR. VERO BEACH FL	<b>□</b> X <sub>0</sub> ,	NAM STRE				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNON, CHARLES W. 3405 OCEAN DR. VERO BEACH FL	□ D <sub>1</sub>	NAM STRE	EET ADDRESS 34	405 C	NON, CHARLES W. DCEAN DR. BEACH FL	<b>X</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ D <sub>i</sub>	NAM STRE	E			Ch <u>ang</u> e	_ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ D <sub>1</sub>	NAM STRE				☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De	NAM STRE				☐ Change	Addition	
TITLE NAME STREET ADDRESS	·	□ Da	NAM				☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:X

CITY-ST-ZIP

MATURE OF SIGNING OFFICER OF DIRECTOR

*K***1-6-03** 

(772) 234-4340

Daytime Phone #