

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90049 046 ***150.00

DOCUMENT # P94000087823

1. Entity Name
MCGONAGILL & COMPANY, P.A.

Principal Place of Business

**5642 CREEKWOOD DR
 SARASOTA FL 34233
 US**

Mailing Address

**5654 CREEKWOOD DR
 SARASOTA FL 34233
 US**

2. Principal Place of Business

4736 Acorn Circle

Suite, Apt. #, etc.

3. Mailing Address

4736 Acorn Circle

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

65-0539182

Applied For

Not Applicable

Zip

34233

Country

USA

Zip

34233

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCGONAGILL, MARGARET LYNN
 5642 CREEKWOOD DR
 SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name

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

4736 Acorn Circle

City

Sarasota

FL

Zip Code

34233

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]

M. Lynn McGonagill, UP

1-11-02

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **P** ☐ Delete
 NAME **MCGONAGILL, MARGARET LYNN**
 STREET ADDRESS **5642 CREEKWOOD DR.**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **V** ☐ Delete
 NAME **MCGONAGILL, GEORGE W**
 STREET ADDRESS **5642 CREEKWOOD DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **UP** ☒ Change ☐ Addition
 NAME **McGonagill, Margaret Lynn**
 STREET ADDRESS **4736 Acorn Circle, Sarasota, FL 34233**
 CITY-ST-ZIP

TITLE **Pres** ☒ Change ☐ Addition
 NAME **McGonagill, George W.**
 STREET ADDRESS **4736 Acorn Circle**
 CITY-ST-ZIP **Sarasota, FL 34233**

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

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

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

TITLE ☐ Change ☐ 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

1-11-02

Date

941-921-3613

Daytime Phone #

CR 34233 (9/01)