

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90715 011 ***150.00

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DOCUMENT # P95000003820

1. Entity Name
THE MCGINLEY GROUP, P.A.



Principal Place of Business
**7370 CABOT COURT
SUITE 101
MELBOURNE FL 32940**

Mailing Address
**PO BOX 411060
MELBOURNE FL 32941**

2. Principal Place of Business
6451 3RD ST

3. Mailing Address
P.O. BOX 411060

Suite, Apt. #, etc.
A

Suite, Apt. #, etc.

City & State
ROCKLEDGE FL

City & State
MELBOURNE, FL

4. FEI Number
59-3288779

Applied For
Not Applicable

Zip
32955

Country
BREVARD

Zip
32941

Country
BREVARD

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

**MCGINLEY, NANCY C
329 COUNTRY WALK ST
MELBOURNE FL 32940**

Name
TIMOTHY D. GRAHAM

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

640 WOODBROOK WAY

City
MELBOURNE

FL

Zip Code
32940

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

TIMOTHY D. GRAHAM PRES

5-1-03

(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
**P
MCGINLEY, NANCY C
329 COUNTRY WALK ST
MELBOURNE FL 32940** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
TIMOTHY D. GRAHAM
640 WOODBROOK WAY
MELBOURNE, FL 32940** ☒ 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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CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY D. GRAHAM

5-1-03

321-255-1018

Date

Daytime Phone #

CR2E034 (10/02)