

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90880 038 ***150.00

DOCUMENT # P95000037726

1. Entity Name
MCCORMICK CONSULTING SERVICES, INC.

Principal Place of Business

**696 CARIBBEAN DR
 LAKELAND FL 33813**

Mailing Address

**696 CARIBBEAN DR
 LAKELAND FL 33813**

2. Principal Place of Business

3372 TURNBERRY LA.

3. Mailing Address

3372 TURNBERRY LA.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKELAND FL.

City & State

LAKELAND FL.

4. FEI Number

59-3312811

Applied For

Not Applicable

Zip

33803

Country

POLK

Zip

33803

Country

POLK

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

MCCORMICK, ROBERT L

696 CARIBBEAN DR

LAKELAND FL 33813

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**

NAME **MCCORMICK, ROBERT L**

STREET ADDRESS **696 CARIBBEAN DR**

CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ **Change** ☐ **Addition**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **D** ☒ **Delete**

NAME **MCCORMICK, AMELIA M**

STREET ADDRESS **696 CARIBBEAN DR**

CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ **Change** ☐ **Addition**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **MCCORMICK, Robert L** ☐ **Delete**

NAME **3372 TURNBERRY LA.**

STREET ADDRESS **LAKELAND, FL. 33803**

CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **AMELIA, MCCORMICK** ☐ **Delete**

NAME **3372 TURNBERRY LA.**

STREET ADDRESS **LAKELAND FL. 33803**

CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ **Delete**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ **Delete**

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:

Robert L. McCormick 4/10/02 863-682-0862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)