

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039930

1. Entity Name
MCGLYNN CONSULTING COMPANY

FILED

02 OCT 15 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------|---|---------|
| Principal Place of Business 1967 COMMONWEALTH LANE TALLAHASSEE FL 32303 US | | Mailing Address 1967 COMMONWEALTH LANE TALLAHASSEE FL 32303 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent MCGLYNN, KEVIN J 2906 ABBOTSFORD WAY TALLAHASSEE FL 32312 | | 7. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY-ST-ZIP | DP MCGLYNN, KEVIN J 1967 COMMONWEALTH LANE TALLAHASSEE FL 32303 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400000833841 -10/14/02--01027--016 ****400.00 ****400 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MCGLYNN, ANN E 2906 ABBOTSFORD WAY TALLAHASSEE FL 32312 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *SKYLER J. MCGLYNN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR7/20/02 850-350-5035
Date Daytime Phone #

JS 10/15/02