

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90064 010 ***150.00

DOCUMENT # P95000065354

1. Entity Name
MCGINNIS PROPERTIES, INC.

Principal Place of Business

**106 N RIDGEWOOD AVE
EDGEWATER FL 32132
US**

Mailing Address

**106 N RIDGEWOOD AVE
EDGEWATER FL 32132
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3451653**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUDLEY, JOSEPH P
403 DOWNING ST.
NEW SMYRNA BEACH FL 32168**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MCGINNIS, J. DOUGLAS
3630 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
MCGINNIS, PATRICIA
1811 PINEDALE ROAD
EDGEWATER FL 32132**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MCGINNIS, DAVID J
1750 AIR PARK ROAD
EDGEWATER FL 32132**

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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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 *Patricia MCGinnis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-02 386-428-9027
Date Daytime Phone #

0015178 AV

CR2E034 (9/01)