## FILED May 09, 2002 8:00 am § Secretary of State

05-09-2002 90058 009 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	٠,	P95000084920
1. Entity Name		1 0000000000000000000000000000000000000

THE MCKINNEY COMPANY

Principal Place of Business

2. Principal Place of Business

4095 SOUTHWEST WILLISTON ROAD GAINESVILLE FL 32608

Mailing Address

3. Mailing Address

4095 SOUTHWEST WILLISTON ROAD GAINESVILLE FL 32608

Zip

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

6. Name and Address of Current Registered Agent

4. "FEI Number

59-3348274

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

\$8.75 Additional Fee Required,

MCKINNEY, JAMES A 3540 SW 63RD LANE **GAINESVILLE FL 32608** 

(See criteria on back)

Zip

SIGNATURE

Name

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

City

(NOTE: Registered Agent signature required when reinstating)

Country

Zip Code FL

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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 ☐ Delete TITLE Change ☐ Addition NAME MCKINNEY, JAMES A NAME STREET ADDRESS 3540 SW 63RD LANE STREET ADDRESS CITY-ST-ZIP Gainesville fl 32608 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (9/01)