

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 27, 2001 8:00 am
Secretary of State

07-27-2001 90002 035 ***558.75

DOCUMENT # P95000089432

1. Entity Name

MCCOLLOUGH-BUCHANAN ASSOCIATES, INC.

Principal Place of Business

**205 SW 75TH ST.
 APT 9J
 GAINESVILLE FL 32607
 US**

Mailing Address

**P O BOX 57029
 JACKSONVILLE FL 32241
 US**

2. Principal Place of Business

10000 SW 52nd Ave #119

3. Mailing Address

PO Box 57029

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3347607

Applied For

Not Applicable

Zip

32608

Country

Zip

32241

Country

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

Name

Lisa McCollough

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

10000 SW 52nd Ave #119

City

Gainesville

FL

Zip Code

32608

MCCOLLOUGH, LISA

**205 SW 75TH ST., APT. 9J
 9439 SAN JOSE BLVD, #241
 JACKSONVILLE FL 32241**

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 \$550.00-
 After September 12, 2001 Fee will be \$750.00
 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
 NAME **PAS**
 STREET ADDRESS **MCCOLLOUGH, LISA B**
 CITY-ST-ZIP **P.O. BOX 57040
 JACKSONVILLE FL 32241**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/01 352-394-9157
 Date Daytime Phone #

0108980 AT

CR2E034 (5/01)