


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <b>P96000010446</b>	
1. Entity Name <b>MC SHARRY AND ASSOCIATES, INC</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>12950 E WHEELER RD</b> Suite, Apt. #, etc.	3. Mailing Address <b>12950 E WHEELER RD</b> Suite, Apt. #, etc.
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City & State <b>DOVER, FL</b>	City & State <b>DOVER, FL</b>
Zip <b>33527</b>	Country <b>USA</b>

**DO NOT WRITE  
IN THIS SPACE**

FILED  
03 OCT 17 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**300023910083**  
10/17/03--01071--008 \*\*150.00  
**REINSTATEMENT 03**  
DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3360768</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

7. Name and Address of Current Registered Agent	
Name <b>MC SHARRY, SEAN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>12950 E WHEELER RD</b>	
City <b>DOVER</b>	FL Zip Code <b>33527</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MC SHARRY, BONNIE 12950 E WHEELER RD DOVER, FL 33527</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MC SHARRY, SEAN 12950 E WHEELER RD DOVER, FL 33527</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>Sean McSharry</i></u> <u><i>Sean McSharry</i></u>	Date <b>9.30.03</b>	Daytime Phone # <b>813-654-1878</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

21 10/21

CR2E034B (12/02)