

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010856

1. Entity Name

MCGUIGAN ENTERPRISES, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90025 040 ***150.00

Principal Place of Business

Mailing Address

18196 DEEP PASSAGE LANE
FORT MYERS BEACH FL 33931

18196 DEEP PASSAGE LANE
FORT MYERS BEACH FL 33931-2309

2. Principal Place of Business

3. Mailing Address

1231 Middle Gulf Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanibel FL

City & State

4. FEI Number 65-0640349

Applied For

Not Applicable

Zip 33957

Country U.S.A.

Zip

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

ELLISON, LARRY D
17274 SAN CARLOS BLVD. STE 202
FORT MYERS BEACH FL 33931

Name Michael McGuigan

Street Address (P.O. Box Number is Not Acceptable)
18196 Deep Passage Lane

City Fort Myers Beach

FL

Zip Code 33931

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

Michael B. McGuigan

3/3/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	MCGUIGAN, MICHAEL B	
STREET ADDRESS	18196 DEEP PASSAGE LANE	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE		<input type="checkbox"/> Delete
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:

Michael B. McGuigan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 463-0117

CR2E034 (9/99)