

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040543

1. Entity Name
MCT'S INTL., INC.

Principal Place of Business
2471 MCMULLEN BOOTH RD
STE 9
CLEARWATER FL 33759
US

Mailing Address
2471 MCMULLEN BOOTH RD
STE 9
CLEARWATER FL 33759
US

2. Principal Place of Business

1276 MAIN STREET

3. Mailing Address

1276 MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DUNEDIN FL

City & State
DUNEDIN FL

4. FEI Number 59-3376028

Applied For
Not Applicable

Zip 34698

Country US

Zip 34698

Country US

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

MANLEY, PATRICIA C
2471 MCMULLEN BOOTH RD
STE 9
CLEARWATER FL 33759

Name

Street Address (P.O. Box Number is Not Acceptable)
1276 MAIN STREET

City DUNEDIN FL Zip Code 34698

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MANLEY, PATRICIA C
2471 MCMULLEN BOOTH RD
SAFETY HARBOR FL 34695 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1276 MAIN STREET
DUNEDIN FL 34698 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90002 049 ***165.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)