2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000065337 May 15, 2000 8:00 am 1. Entity Name Secretary of State JOHN R. MCCOY, CORP. 05-15-2000 90265 039 ***150.00 Principal Place of Business Mailing Address 5352 MYRTLEWOOD 5352 MYRTLEWOOD SARASOTA FL 34235-4610 SABASOTA FL 34235 3. Mailing Address 2. Principal Place of Business 6738 Fairview 738 Fairview Terr Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0695709 Not Applicable Country \$8,75 Additional 5. Certificate of Status Desired บรA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (Same MCCOY, JOHN R (P.O. Box Number is Not Acceptable 45352 MYRTLEWOOD -SARASOTA FL 34235 changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE TITLE JOHN R MCCOY, JOHN R NAME 5352 MYRTLEWOOD STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.