

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0061398 AV

DOCUMENT # P96000088401

1. Entity Name

MCKAY & ASSOCIATES, INC.

02-11-2002 90108 009 ***150.00

Principal Place of Business

**1129 JOHN SIMS PKWY
 NICEVILLE FL 32578
 US**

Mailing Address

**1129 JOHN SIMS PKWY
 NICEVILLE FL 32578
 US**



2. Principal Place of Business

3. Mailing Address

110 WISE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 1-A

City & State

NICEVILLE FL

4. FEI Number **59-3397638**

Applied For

Not Applicable

Zip

Country

Zip

Country

32578

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKAY, KEVIN
 123 LAKE LORRAINE CIRCLE
 SHALIMAR FL 32579**

Name

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

City

FL

Zip Code

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, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **MCKAY, KEVIN R**
 CITY-ST-ZIP **123 LAKE LORRAINE CIRCLE
 SHALIMAR FL**

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

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **MCKAY, PHEBE K**
 CITY-ST-ZIP **123 LAKE LORRAINE CIRCLE
 SHALIMAR FL**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 OF KEVIN R. MCKAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2002

Date

850-678-0733

Daytime Phone #

CR2E034 (9/01)