

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90273 050 \*\*\*150.00

**DOCUMENT # P97000003950**

1. Entity Name

**MCVAY VOCATIONAL SERVICES, INC.**

Principal Place of Business

Mailing Address

**2247 PALM BEACH LAKES BLVD  
 SUITE 236  
 WEST PALM BEACH FL 33409**

**2247 PALM BEACH LAKES BLVD  
 SUITE 235  
 WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address

**1340 U.S. Highway 1**

Suite, Apt. #, etc.

**Suite 102**

City & State

**Jupiter, FL**

Zip

**33469**

Country

**USA**

City & State

Zip Country

4. FEI Number **65-0721951**

Applied For

Not Applicable

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

**MAYER, CRAIG  
 2247 PALM BCH LKS BLVD  
 #229  
 WEST PALM BEACH FL 33409**

Name

**Cathy McVay**

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

**1340 U.S. Highway 1**

**Suite 102**

City

**Jupiter**

**FL**

Zip Code

**33469**

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

*Cathy McVay*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/24/01**

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  Delete  
 NAME **D MCVAY, CATHY**  
 STREET ADDRESS **3610 VALLEY WAY**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MCVAY, RANDY**  
 STREET ADDRESS **3610 VALLEY WAY**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
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 CITY-ST-ZIP

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:

*Cathy McVay* **Cathy McVay**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/01 (561) 748-5228**

Date Daytime Phone #

CR2E034 (10/00)