FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2005 8:00 am
Secretary of State
01-14-2005 90001 022 ***150.00

DOCUMENT # P97000003950

1. Entity Name
McVay Vocational Services, Inc.

DO NOT WRITE IN THIS SPACE

50002289

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1340 U.S. Highway 1	
Suite, Apt. #, etc.: Suite 102	Suite, Apt. #, etc.
City & State: Jupiter, Florida	City & State
Zip: 33469 Country: USA	Zip Country

4. FEI Number: 65-0721951 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Cathy McVay
Street Address (P.O. Box Number is Not Acceptable): 1340 US 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cathy McVay DATE: 1/3/05

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	Cathy McVay 12495 Sandy Run Road Jupiter FL 33478	TITLE NAME STREET ADDRESS CITY ST ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathy McVay 1/3/05 (561) 748-5228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number