

**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

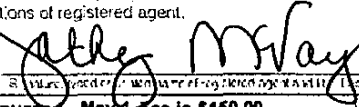
50002289

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1340 U.S. Highway 1		3. Mailing Address	
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**

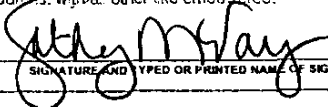
7. Name and Address of Current Registered Agent	
Name Cathy McVay	
Street Address (P.O. Box Number is Not Acceptable) 1340 U.S. Highway 1	
Suite 102	
Jupiter	FL 33469

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 qualifications of registered agent.	
SIGNATURE 	DATE 1/3/05

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 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 33476	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, without other like empowerment.	
SIGNATURE: 	DATE: 1/3/05 (5d) 748-5228

CR2E034B (12/02)