2000 UNIFORM BUS CUMENT # P97000017		RT (UBR)	APPROME	ŗ)
McCarthy Enterprises of Manatee, Inc.			ALED \	
			00 SEP 25 PM 4: 18	
ੁੰਸੂਰੀ Place of Business Mailing Address				
118 Riverview Blvd. 6118 Riverview adenton, FL 34209 Bradenton, FL 3			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address			<u> </u>	
Suite, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Dity & State	City & State		4. FEI Number 65-0921567	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registere	d Agent
elvano, William S.	Name			
023 Manatee Avenue West adenton, FL 34205		Street Address	s (P.O. Box Number is Not Acceptable)	
		City	City FL Zip Code	
The above named entity submits this statement for the above named entity submits this statement for the above named entity submits this statement for the above named entity submits the statement for the above named entity submits the statement for the above named entity submits this statement for the above named entity submits the above named entities and the above named entity submits the above named entities and the above named entities are above named entities.	and title if applicable (NOTI	E. Registered Agent signature redui	red when reinstating) DATE	\$5.00 May Be
Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND	Make Check Payab	00 Fee will be \$550.00 ble to Department of S	Trust Fund Contribution.	Added to Fees
PVSTD McCarthy, Doroth 6118 Riverview B Bradenton, FL 34	Delete ia E. lvd.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8000034:	Change Addition Change Addition Change Addition
51-2P	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
4000CGS ST ZIP	☐ Delete	TITLENAME STREET ADDRESS CITY-ST-ZIP		Change Addition
annaess .	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ofmoting ST 210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. (☐ Change ☐ Addition
ADDRESS ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition Addition
I hereby certify that the information supplied wit indicated on this report of supplemental report of the corporation or the receiver or trustee empedanged, or on an attachment with an address.	with all other like empowered	hila E. Mocai	507, Florida Statutes, and mariny marile appear	S III GIOCK TT OF GROOM AS