## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Mar 06, 2001 8:00 am Secretary of State DOCUMENT # **P97000017452** MCCARTHY ENTERPRISES OF MANATEE, INC. 03-06-2001 90352 001 \*\*\*150.00 Principal Place of Business Mailing Address 6118 RIVERVIEW BLVD. 6118 RIVERVIEW BLVD. **BRADENTON FL 34209 BRADENTON FL 34209** UUUZZZ50 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0921567 Not Applicable -Zip-Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALVANO, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) 1023 MANATEE AVE. WEST **BRADENTON FL 34205** Zip Code FL 8. The above e 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 red Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVST** ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME MCCARTHY, DOROTHIA E STREET ADDRESS STREET ADDRESS 6118 RIVERVIEW BLVD. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** TITLE ☐ Change ☐ Addition TITI F ☐ Delete MCCARTHY, DOROTHIA E NAME NAME STREET ADDRESS STREET ADDRESS 6118 RIVERVIEW BLVD. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filthy 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 supplimental 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 truetee ampowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attach,

**SIGNATURE** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGN