

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078707

1. Entity Name
MCPHERSON BARRETT & ASSOCIATES, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90147 028 ***150.00

Principal Place of Business

340 POINCIANA WAY
339-J
PALM BEACH FL 33480

Mailing Address

340 POINCIANA WAY
339-J
PALM BEACH FL 33480

739923



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

339-A

Suite, Apt. #, etc.

339-A

City & State

City & State

4. FEI Number 65-0782972

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

BARRETT, ROBERT J
340 POINCIANA WAY
339-J
PALM BEACH FL 33480

Delete

7. Name and Address of New Registered Agent

Name JAMES A. MCPHERSON

Street Address (P.O. Box Number is Not Acceptable)
340 ROYAL POINCIANA WAY

339-A

City PALM BEACH

FL

Zip Code 33480

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

James G. McPherson
(NOTE: Registered Agent signature required when reinstating)

April 6, 2001
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

TITLE PS
NAME MCPHERSON, JAMES A
STREET ADDRESS 340 POINCIANA WAY #339J
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE T
NAME BARRETT, ROBERT J III
STREET ADDRESS 340 POINCIANA WAY #339J
CITY-ST-ZIP PALM BEACH FL 33480 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

James G. McPherson President April 6, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)