

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
 05-12-2000 90092 001 ***150.00

DOCUMENT # **P97000085752**
 Entry Name
MANAGEMENT CONTROL ASSOCIATES, INC.

Principal Place of Business Mailing Address
P.O. Box 2412 P.O. Box 2412
PALM BEACH FL. 33480 PALM BEACH FL. 33480

Principal Place of Business 3. Mailing Address
3235 32ND. CT. P.O. Box 14155
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JUPITER FLORIDA NORTH PALM BEACH, FL.
 Zip Country Zip Country
33477 U.S.A. 33408 U.S.A.

4. FEI Number Applied For
65-0785337 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STANBOROUGH, DAVID J
13369 TOUCHSTONE PLACE, #103B
PALM BEACH GARDENS FL. 33418

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 **David J Stanborough** (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)
FILE NOW!!! FEES \$150.00
After MAY 12, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STANBOROUGH, DAVID J. 6335-1 RIVERWALK LN JUPITER FL. 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **David J Stanborough** 4/27/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)