

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90187 025 ***150.00

DOCUMENT # P97000093372

1. Entity Name

BDC MCD, INC

Principal Place of Business

535 PARK AVENUE NORTH
SUITE 125

MAITLAND FL 32751 Winter Park Fl
US 32789

Mailing Address

515 LIGHTNING TRAIL
MAITLAND FL 32751

US

2. Principal Place of Business

535 PARK AVE N

Suite, Apt. #, etc.

SUITE 125

WINTER PARK FL

Zip 32789 Country ORANGE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-3476211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONALD, ANGIE
T515 LIGHTNING TRAIL
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(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!!! 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME ANGIE L MCDONALD
STREET ADDRESS 101 E ALTAMONTE DR #834 - OLD ADDRESS
CITY-ST-ZIP ALTAMONTE SPRGS FL 32701 ☒ Delete

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

TITLE PS
NAME MCDONALD, ANGIE
STREET ADDRESS 515 LIGHTNING TRAIL
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

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

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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 like empowered.

SIGNATURE:

ANGIE L MCDONALD
President/Secretary

ANGIE MCDONALD

Date

Daytime Phone #

3-17-01 4076454242

CR2E034 (10/00)