

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91454 042 \*\*\*150.00

**DOCUMENT # P97000105580**

1. Entity Name  
**MCINTYRE & ASSOCIATES, INC.**



Principal Place of Business  
**4149 CASTLEBAY DR  
JACKSONVILLE FL 32257  
US**

Mailing Address  
**4149 CASTLEBAY DR  
JACKSONVILLE FL 32257  
US**

2. Principal Place of Business  
**10075 Gate Pkwy N.**

3. Mailing Address  
**10075 Gate Pkwy N**

Suite, Apt. #, etc.

**2008**

Suite, Apt. #, etc.

**2008**

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32246**

Country

**USA**

Zip

**32246**

Country

**USA**

4. FEI Number **59-3485017**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**MCINTYRE, SHARON C  
4149 CASTLEBAY DR  
JACKSONVILLE FL 32257**

## 7. Name and Address of New Registered Agent

Name

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

**10075 Gate Pkwy N. # 2008**

City

**Jacksonville**

FL

Zip Code

**32246**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sharon McIntyre**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-1-03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete  
NAME **MCINTYRE, SHARON C**  
STREET ADDRESS **4149 CASTLEBAY DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **10075 Gate Pkwy N. # 2008**  
CITY-ST-ZIP **Jacksonville, FL 32246**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sharon McIntyre**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-03**

**904-928-9607**

Date

Daytime Phone #

CR2E034 (10/02)