

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 23, 2002 8:00 am  
Secretary of State

04-23-2002 90428 002 \*\*\*150.00

DOCUMENT # **P97000108794** ✓  
1. Entity Name  
**M.B. MCKEE COMPANY**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2399 GULF OF MEXICO DR.</b> Suite, Apt. #, etc. <b>3A3</b>		3. Mailing Address <b>2399 GULF OF MEXICO DR.</b> Suite, Apt. #, etc. <b>3A3</b>	
City & State <b>LONGBOAT KEY, FL</b>		City & State <b>LONGBOAT KEY, FL</b>	
Zip <b>34228</b>	Country <b>USA</b>	Zip <b>34228</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0804179</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name <b>DARNELL, ROBERT W.</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>2033 MAIN ST., SUITE 406</b>		
City <b>SARASOTA</b> FL Zip Code <b>34237</b>		

DO NOT WRITE  
IN THIS SPACE

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<b>D MCKEE, MIKE B. 2399 GULF OF MEXICO DR. #3A3 LONGBOAT KEY, FL 34228</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MCKEE, M. PAULETTE 2399 GULF OF MEXICO DR. #3A3 LONGBOAT KEY, FL 34228</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Mike B. McKee** 4/23/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #