

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90360 032 ***150.00

DOCUMENT # P98000023093

1. Entity Name

MCKINLAY SERVICES COMPANY, INC.

Principal Place of Business

12811 KENWOOD LANE
SUITE 203A
FORT MYERS FL 33907

Mailing Address

12811 KENWOOD LANE
SUITE 203A
FORT MYERS FL 33907

2. Principal Place of Business

17717 OAKMONT RIDGE CIR.

Suite, Apt. #, etc.

FT. MYERS

City & State

FL.

Zip

33912

Country

USA

3. Mailing Address

17717 OAKMONT RIDGE CIR.

Suite, Apt. #, etc.

FT. MYERS,

City & State

FL

Zip

33912

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0034435

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKINLAY, DOUGLAS S.
12811 KENWOOD LANE
SUITE 203A
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

MCKINLAY, DOUGLAS S.

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

17717 OAKMONT RIDGE CIR.

City

FT. MYERS,

Zip Code

33912

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

Douglas S. McKinlay

DOUGLAS S. MCKINLAY - PRESIDENT 4/23/01

(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

TITLE ☐ Delete
NAME D
STREET ADDRESS MCKINLAY, DOUGLAS S
CITY- ST- ZIP 17717 OAKMONT RIDGE CIR
FORT MYERS FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Douglas S. McKinlay

DOUGLAS S. MCKINLAY - PRESIDENT 4/23/01

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (10/00)