

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P980000024389**

1. Entity Name

McDot's

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90059 028 \*\*\*150.00

Principal Place of Business

Mailing Address

Regency Square Mall 477 Saturiba Dr.  
Atlantic Bch, FL.  
32233

00022773

2. Principal Place of Business

3. Mailing Address

Home 9501 A. Lighter Hwy 477 Saturiba Dr.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Jax, FL

Atlantic Beach

4. FEI Number

Applied For

59-3513140

Not Applicable

Zip

Country

Zip

Country

32233

USA

32233

FL

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

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

Ronald L. Mc Gibany President

Ronald L. Mc Gibany

2/14/00

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, 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

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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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:

Ronald L. Mc Gibany

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

DATE

904 723 5746

Daytime Phone #

CR2E034 (9/99)