

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90235 010 \*\*\*150.00

**DOCUMENT # P98000040450**

1. Entity Name

**M J McDERMOTT INC.**

Principal Place of Business

1023 OLD OKEECHOBEE ROAD  
 WEST PALM BEACH FL 33401  
 US

Mailing Address

1023 OLD OKEECHOBEE ROAD  
 WEST PALM BEACH FL 33401  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-8840065**

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

**McDERMOTT, MELISSA**  
**20 LAS FLORES**  
**BOYNTON BEACH FL 33426**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (5/00)

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:

**MELISSA J McDERMOTT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08-09-00**  
 Date

**1-561-832-8435**  
 Daytime Phone #

**M.J. McDERMOTT INC.**

Attachment Doc #  
P98000040952  
0080525

1023 OLD OKEECHOBEE ROAD  
WEST PALM BEACH FL 33401

Phone 561-832-8435  
Fax 561-832-9483

August 17, 2000

Division of corporations  
RE:U.B.R.  
P.O. Box 1500  
Tallahassee Fl. 32302-1500

I spoke to your representative Gary concerning the circumstances regarding why I am late this year on the 2000 U.B.R. He suggested I write a letter asking to please review the account and waive the fine this one time. I did not receive the first notice that Gary said went out in January. We are a very small company and can ill afford this heavy of a fine. I am asking you to please take into account that I have never been late prior to this year. I am sorry I did not catch this error earlier. And I have taken steps to assure this will never happen again.

I THANK YOU FOR YOUR TIME AND CONSIDERATION.

I hereby swear the above statements are true and correct:

