

# 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000059376

1. Entity Name

**D.E.MAY CONSULTING ASSOCIATES, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 19 AM 9:04

Principal Place of Business

6585 SE 42ND COURT  
OCALA FL 34480  
US

Mailing Address

PO BOX 830372  
OCALA FL 34483-0372

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3520689

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAY, DONALD E SR  
10760 SW 62ND AVE ROAD  
OCALA FL 34476

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

TITLE  Delete  
NAME **P**  
STREET ADDRESS **MAY, DONALD E JR**  
CITY-ST-ZIP **6585 SE 42ND COURT**  
**OCALA FL 34480**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **S**  
STREET ADDRESS **MAY, DONALD E SR**  
CITY-ST-ZIP **10760 62ND AVE RD**  
**OCALA FL 34476**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **000003342660--2**  
CITY-ST-ZIP **-08/01/00--01084--024**  
**\*\*\*150.00 \*\*\*150.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *Donald E. May Sr* DONALD E. MAY SR 715-00 352-854-0987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

LOT-4



July 15, 2000

Florida Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam,

Please be advised that on March 21, 2000 this corporation did file for, 2000UBR and attached check number 298 in the amount of \$150.

This check has never cleared our bank.

We would ask that the penalty and interest be waived on this filing, as it appears that the report and check were apparently lost in state processing or the mails.

We do await your reply.

Sincerely,

A handwritten signature in black ink that reads 'Donald E. May, Sr.' in a cursive script.

Donald E. May, Sr.  
Comptroller, Secretary  
Florida Statutory Agent