

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085003

1. Entity Name

PAMELA R. MCKINNEY, CPA, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90089 030 ***150.00

Principal Place of Business

306 S. BROAD STREET
BROOKSVILLE FL 34601

Mailing Address

306 S. BROAD STREET
BROOKSVILLE FL 34601-2824

2. Principal Place of Business

3. Mailing Address

PAMELA R. MCKINNEY CPA
309 S. MAIN ST.

PAMELA R. MCKINNEY CPA
309 S. MAIN ST.

CITY-STATE-ZIP
BROOKSVILLE, FL 34601

CITY-STATE-ZIP
BROOKSVILLE, FL 34601

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-3538205

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

MCKINNEY, PAMELA R
302 E FT DADE AVE
BROOKSVILLE FL 33134

Name

Street Address (Post Office Box Not Acceptable)

PAMELA R. MCKINNEY CPA
309 S. MAIN ST.
BROOKSVILLE, FL 34601

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.

PAMELA R. MCKINNEY, CPA
PAMELA R. MCKINNEY, CPA 3/15/00
PRESIDENT 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 PSTD
NAME MCKINNEY, PAMELA R
STREET ADDRESS 302 EAST FORT DADE AVENUE
CITY-STATE-ZIP BROOKSVILLE FL 34601 ☐ Delete

TITLE PSTD
NAME PAMELA R. MCKINNEY CPA
STREET ADDRESS 309 S. MAIN ST.
CITY-STATE-ZIP BROOKSVILLE, FL 34601 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
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TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA R. MCKINNEY, CPA

PAMELA R. MCKINNEY
PRESIDENT 3/15/00

Date

Daytime Phone #

352-544-5544

CR2E034 (9/99)