

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

P99000000743

*Amended*

DOCUMENT # *P99000000743*

1. Entity Name

MICHAEL MCGURN DC & ASSOC

FILED

02 SEP 12 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**42263**

2. Principal Place of Business  
1377 LENORA DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MERRITT ISLAND FL

City & State

4. FEI Number  
59-3549691

Applied For  
Not Applicable

Zip  
32952

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
MICHAEL-MCGURN

Street Address (P.O. Box Number is Not Acceptable)  
1050 SHADY LANE

City  
MERRITT ISLAND

09/17/02 01074-014  
Zip Code  
\*\*\*\*\*FL 32952\*\*\*\*\* .25

**DO NOT WRITE  
IN THIS SPACE**

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)

January 1st May 1st Fee is \$150.00  
After May 1st Fee is \$550.00  
Amended UBR is \$81.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
MICHAEL MCGURN  
1050 SHADY LANE  
MERRITT ISLAND, FL 32952

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*8/21/02 321 451 9064*

CR2034B (12/01)