

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007393

1. Entity Name

MC MCARTY-HART, INC.

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90023 022 ***150.00

Principal Place of Business

~~1227 VAN BUREN ST.~~ ~~HOLLYWOOD FL 33019~~

2323 St. Rd. 84
Ft. Lauderdale, FL 33312

Mailing Address

~~1227 VAN BUREN ST.~~

~~HOLLYWOOD FL 33019~~

P.O. Box 350534

Ft. Lauderdale, FL 33335

2. Principal Place of Business

Yacht Haven

3. Mailing Address

P.O. Box 350534

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Site # 330

Ft. Lauderdale, FL

Ft. Lauderdale, FL

City & State

City & State

Zip

Country

33312

Broward

Zip

Country

33335

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWITT, STUART

441 S. STATE RD. 7 #15

MARGATE FL 33068

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 \$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 **D** ☒ Delete
NAME **HART, DAVID**
STREET ADDRESS **1227 VAN BUREN ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Change ☒ Addition
NAME **CANDICE Bell Hart**
STREET ADDRESS **2323 St. Rd. 84 #330**
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)