

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90007 007 \*\*\*150.00

**DOCUMENT # P99000018412**

1. Entity Name

**TENDER LIFTS & CHOCKS, INC.**

Principal Place of Business

4848 N.W. 20TH PLACE  
 COCONUT CREEK FL 33063-7751

Mailing Address

4848 N.W. 20TH PLACE  
 COCONUT CREEK FL 33073-3733

2. Principal Place of Business

4951 N.W. 54TH ST.

Suite, Apt. #, etc.

3. Mailing Address

4951 N.W. 54TH ST.

Suite, Apt. #, etc.

City & State

COCONUT CREEK FL

City & State

COCONUT CREEK FL

4. FEI Number

65-0903779

Applied For

Not Applicable

Zip

Country

33073

Zip

Country

33073

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MCAREAVEY, PATRICK P  
 4848 N.W. 20TH PLACE  
 COCONUT CREEK FL 33063-7751

7. Name and Address of New Registered Agent

Name

McAREAVEY, PATRICK

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

4951 N.W. 54TH ST.

City

COCONUT CREEK

FL

Zip Code

33073

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

*Patrick McCreavey*

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	PATRICK McAREAVEY	
STREET ADDRESS	4951 N.W. 54TH ST	
CITY-ST-ZIP	COCONUT CREEK, FL. 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP	NO OTHERS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Patrick McCreavey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

954-609-7509

Daytime Phone #