

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90006 040 \*\*\*150.00

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**DOCUMENT # P99000040738**

1. Entity Name  
**MC CARRICK'S, INC.**

Principal Place of Business <b>243 W. PARK AVE., STE. 201          WINTER PARK FL 32789</b>	Mailing Address <b>243 W. PARK AVE., STE. 201          WINTER PARK FL 32789</b>
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2. Principal Place of Business <b>12553 W. HOPE DRIVE</b>	3. Mailing Address <b>12553 W. HOPE DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ORLANDO, FLORIDA</b>	City & State <b>ORLANDO, FLORIDA</b>
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Zip <b>32837</b>	Country <b>USA</b>	Zip <b>32837</b>	Country
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4. FEI Number <b>59 3662056</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**LARSEN, ERIK C  
 243 W. PARK AVE., STE. 201  
 WINTER PARK FL 32789**

**7. Name and Address of New Registered Agent**

Name <b>MARK MCCARRICK</b>
Street Address (P.O. Box Number is Not Acceptable) <b>12553 W. HOPE DRIVE</b>
City <b>ORLANDO</b>
State <b>FL</b>
Zip Code <b>32837</b>

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 *Mark McCarrick* **MARK MCCARRICK** 1/23/2001  
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MC CARRICK, MARK</b> <b>24 LEVEN AVE., WINSFORD, CHESHIRE CW7 3TA</b> <b>ENGLAND</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MC CARRICK, ELAINE</b> <b>24 LEVEN AVE., WINSFORD, CHESHIRE CW7 3TA</b> <b>ENGLAND</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12553 W. HOPE DRIVE</b> <b>ORLANDO, FLORIDA 32837</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12553 W. HOPE DRIVE</b> <b>ORLANDO, FLORIDA 32837</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mark McCarrick* **MARK MCCARRICK** 1/23/2001 407-834-0731  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)