

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90431 022 ***150.00

DOCUMENT # P99000063780

1. Entity Name

MCSORLEY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5726 BAYOU GRANDE BLVD.
ST. PETERSBURG FL 33703

5726 BAYOU GRANDE BLVD.
ST. PETERSBURG FL 33703-1818

2. Principal Place of Business

3. Mailing Address

26244 US Hwy 19 N

paraboe

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater, Fl.

paraboe

Zip

Country

Zip

Country

33761

USA

4. FEI Number

59-3593423

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

MCSORLEY, WILLIAM J
5726 BAYOU GRANDE BLVD.
ST. PETERSBURG FL 33703

Name

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

City

N/A

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	President	☐ Delete
NAME	William J. McSorley	
STREET ADDRESS	5726 Bayou Grande Blvd NE	
CITY-ST-ZIP	St. Petersburg, Fl. 33703	
TITLE	Secy TT-oad	☐ Delete
NAME	Lynette L. McSorley	
STREET ADDRESS	5726 Bayou Grande Blvd NE	
CITY-ST-ZIP	St. Petersburg Fl. 33703	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: William J. McSorley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

Date

(727)
797-3128

Daytime Phone #