## 2000 UNIFORM BUSINESS REPORT (UBR) 5/ DOCUMENT # **P99000065452 Secretary of State** MCCLUSKEY CUSTOM HOMES, INC. 05-18-2000 90294 009 \*\*\*150.00 Principal Place of Business Mailing Address 82 EAST NINE MILE ROAD 82 EAST NINE MILE ROAD PENSACOLA FL 32534-3137 PENSACOLA FL 32534 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 9-3600226 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCCLUSKEY, DAVID P JR. Street Address (P.O. Box Number is Not Acceptable) 82 EAST NINE MILE ROAD. PENSACOLA FL 32534 City Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition Change Delete TITLE MCCLUSKEY, DAVID P JR. NAME NAME STREET ADORESS STREET ADDRESS 82 EAST NINE MILE ROAD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32534 ■ Addition ☐ Change Delete TITLE NAME NAME MCCLUSKEY, KAREN K STREET ADDRESS STREET ADDRESS 82 EAST NINE MILE ROAD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32534 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this fliing 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Change

☐ Addition

Jun 19, 2000 8:00 am