

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90231 021 \*\*\*150.00

**DOCUMENT # P99000069055**

1. Entity Name

**MCCOURT NORTH SURFACING OF FLORIDA CORP.**

Principal Place of Business

**10522 SOUTH 228TH LANE  
 BOCA RATON FL 33428**

Mailing Address

**10522 SOUTH 228TH LANE  
 BOCA RATON FL 33428**

2. Principal Place of Business

**5115 Socrum Loop Rd**

3. Mailing Address

**5115 Socrum Loop Rd**

Suite, Apt. #, etc.

**# 459**

Suite, Apt. #, etc.

**#459**

City & State

**LAKELAND FL**

City & State

**LAKELAND FL**

Zip

**33809**

Country

Zip

**33809**

Country

4. FEI Number

**65-0952897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SIMON, ALAN R ESQ.**

**ONE BOCA PL.**

**2255 GLADES RD., STE 226 ATRIUM**

**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

**JOHN J. FERDINAND, ESQ**

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

**100 W. CYPRESS CREEK RD**

**SUITE 910**

City

**FOOT LAUDERDALE**

FL

Zip Code

**33309**

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

*John Jay Ferdinand, Esq*

(Not Registered Agent signature required when reinstating)

**4/29/02**

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, 2002 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>PSTD MCALPINE, FRANKLIN D 10522 SOUTH 228TH LANE BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VP MICK BARNES 5115 SOCNUM LOOP RD # 459 LAKELAND FL 33809</b></del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>SUSAN BARNES 5115 SOCNUM LOOP RD # 459 LAKELAND FL 33809</b></del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>SUSAN MICKALPINE MARGA 10522 S 228TH LN BOCA RATON FL 33428</b></del>	<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	<b>PD FRANKLIN D. MCALPINE 10522 South 228th Lane Boca Raton, FL 33428</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MICK BARNES 5115 Socrum Loop Road, #459 Lakeland, FL 33809</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SUSAN BARNES 5115 Socrum Loop Road, #459 Lakeland, FL 33809</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MARGE MCALPINE 10522 South 228th Lane Boca Raton, FL 33428</b>	<input type="checkbox"/> Change <input checked="" 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:

*John Jay Ferdinand, Esq*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02**

DATE

**561-480-8735**

Daytime Phone #

0368837 AV

CR2E034 (9/01)