

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 18, 2000 8:00 am
Secretary of State

05-23-2000 90268 029 ***150.00

DOCUMENT # P99000072161
 1. Entity Name
JAMES P. MCCRORY CO., INC.

Principal Place of Business Mailing Address
 1440 S. OCEAN BLVD. 1440 S. OCEAN BLVD.
 SUITE 9-D SUITE 9-D
 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-7372

2. Principal Place of Business 3. Mailing Address
1440 S. OCEAN BL. 9-D **SAME.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
9-D **SAME.**

City & State City & State
POMPANO BEACH **POMPANO BEACH FL**
 Zip Country Zip Country
FL **USA** **33062** **FL**

4. FEI Number Applied For
65-0946439 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KNIGHT, TAMMY L ESQ.
C/O TRIPP SCOTT, PA
110 S.E. 6TH STREET, 15TH FLOOR
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name **STEVEN C. ELKIN, ESP.**
 Street Address (P.O. Box Number is Not Acceptable)
1805 SW 26 COURT
 City **PLANTATION** FL Zip Code **33324**

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 **STEVEN C. ELKIN, ESP.** 7/12/00
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when remaining) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
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 NAME STREET ADDRESS CITY-ST-ZIP	PAUL LEPINE 1440 S. OCEAN BL. 9-D POMPANO BEACH FL 33062	<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
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	PAUL LEPINE 1440 S. OCEAN BL. 9-D POMPANO BEACH FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SEE) PRESIDENT, SEC & TREAS.	<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 807, 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: **Paul Lepine** 7/12/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2004 (9/99)