2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmer

FILED DOCUMENT # **P99000087923** May 23, 2000 8:00 am 1. Entity Name Secretary of State MCKAY & COMPANY, INC. 05-23-2000 90210 002 ***150.00 Principal Place of Business Mailing Address 1100 DOVE HUNTER ROAD 1100 DOVE HUNTER ROAD DELAND FL 32724 **DELAND FL 32724-7413** Principal Place of Business Mailing Address 1000 N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNDERHILL, MARY KAY Street Address (P.O. Box Number is Not Acceptable) 1100 DOVE HUNTER ROAD DELAND FL 32724 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Change Addition TITLE ☐ Delete UNDERHILL, MARY KAY NAME NAME STREET ADDRESS 1100 DOVE HUNTER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELAND FL 32724** ☐ Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowering to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12