


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90642 029 ***150.00

DOCUMENT # P99000091449	
1. Entity Name MCDERMOTT & LUCAS, P.A.	

Principal Place of Business 433 SILVER BEACH AVENUE SUITE 203 DAYTONA BEACH FL 32118	Mailing Address 1474 W GRANADA BLVD # 440-142 ORMOND BEACH FL 32174
--	---

2. Principal Place of Business	3. Mailing Address P.O. Box 10411
Suite, Apt. #, etc.	Suite, Apt. #, etc.

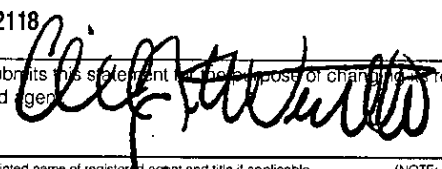
City & State Daytona Beach, FL	City & State Daytona Beach, FL
Zip 32120	Country USA

4. FEI Number 59-3603671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCDERMOTT, MICHAEL B 433 SILVER BEACH AVENUE SUITE 203 DAYTONA BEACH FL 32118
--

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

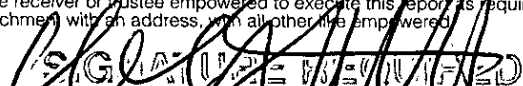
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE PSTD	<input checked="" type="checkbox"/> Delete
NAME MCDERMOTT, MICHAEL B	
STREET ADDRESS 411 NORTH PENINSULA DRIVE	
CITY-ST-ZIP DAYTONA BEACH FL 32118	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME mcdermott, michael B.	
STREET ADDRESS 433 Silver Beach Ave., Ste. 203	
CITY-ST-ZIP Daytona Beach, FL 32118	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/18/03 (386) 253-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)