

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097736

1. Entity Name

Sims, McCarty, Amat & Stakenborg, PA

Principal Place of Business

**150 Magnolia Avenue
Daytona Beach, FL 32114**

Mailing Address

2. Principal Place of Business

3. Mailing Address

107 NE 1st Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ocala, FL 344

4. FEI Number
59-3587443

Applied For

Not Applicable

Zip

Country

Zip
34474

Country
Marion

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**James H McCarty, Jr
118 SW Ft King Street
Ocala, FL 34474**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME
James H McCarty, Jr
STREET ADDRESS
c/o 150 Magnolia Ave
CITY-ST-ZIP
Daytona Beach, FL 32114

TITLE ☐ Delete

NAME
Dorothy C. Sims
STREET ADDRESS
c/o 150 Magnolia Avenue
CITY-ST-ZIP
Daytona Beach, FL 32114

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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 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:

James H McCarty, Jr

352-629-0480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)