## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P99000101770** May 08, 2000 8:00 am **Secretary of State** MCVAY BUSINESS SERVICES, INC. 05-08-2000 90086 016 \*\*\*150.00 Principal Place of Business Mailing Address 400 N. NAVY BLVD., SUITE D 400 N. NAVY BLVD., SUITE D PENSACOLA FL 32507 PENSACOLA FL 32507 Principal Place of Business 3. Mailing Address LOREST PH DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable SACO 15*0*00 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required SCAM bi A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MC VAY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 400 N. NAVY BLVD., SUITE D PENSACOLA FL 32507 Zip Code FL 8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE MCVAY, MICHAEL NAME P. O. BOX 4128 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32507-0128 ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE 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 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: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

150-941-0809

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