

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90077 048 ***150.00

DOCUMENT # P99000101770
 1. Entity Name
MCVAY BUSINESS SERVICES, INC.

Principal Place of Business Mailing Address
125 NEW WORRINGTON ROAD **125 NEW WORRINGTON ROAD**
PENSACOLA FL 32506 **PENSACOLA FL 32506**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5821 BALDERAS AVE **5821 BALDERAS AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PENSACOLA, FL **PENSACOLA, FL**

Zip Country Zip Country
32507 **32507**

4. FEI Number **59-3131505** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MC VAY, MICHAEL
125 NEW WORRINGTON ROAD
PENSACOLA FL 32506

7. Name and Address of New Registered Agent
 Name **Michael MCVAY**
 Street Address (P.O. Box Number is Not Acceptable)
5821 BALDERAS AVE
 City **PENSACOLA** FL Zip Code **32507**

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

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, 2002 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	D <input type="checkbox"/> Delete
NAME	MCVAY, MICHAEL
STREET ADDRESS	125 NEW WORRINGTON
CITY-ST-ZIP	PENSACOLA FL 32506
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael MCVAY
STREET ADDRESS	5821 BALDERAS AVE
CITY-ST-ZIP	PENSACOLA, FL 32507
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** 4-10-02 832-912-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)