

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90076 026 ***150.00

DOCUMENT # P99000107148

1. Entity Name

WAYNE MCCORMICK, INC.

Principal Place of Business

Mailing Address

~~7015 N.E. THIRD STREET~~
~~OCALA FL 34470-1919~~

~~7015 N.E. THIRD STREET~~
~~OCALA FL 34470-1919~~

00043775



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4458 SE 110th STREET

3. Mailing Address

4458 SE 110 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bellevue, Florida

City & State

Bellevue, Florida

4. FEI Number

59-3616168

Applied For

Not Applicable

Zip

34420

Country

USA

Zip

34420

Country

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

MCCORMICK, WAYNE

7015 N.E. THIRD STREET

OCALA FL 34470-1919

Name

Street Address (P.O. Box Number is not Acceptable)

4458 SE 110th ST.

City

Bellevue, Florida

FL

Zip Code

34420

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCCORMICK, WAYNE**
CITY-ST-ZIP **7015 N.E. THIRD STREET**
OCALA FL 34470-1919

TITLE ☒ Change ☐ Addition
NAME **4458 SE 110 STREET**
STREET ADDRESS **Bellevue, Florida**
CITY-ST-ZIP **34420**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCCORMICK, ANN**
CITY-ST-ZIP **7015 N.E. THIRD STREET**
OCALA FL 34470-1919

TITLE ☒ Change ☐ Addition
NAME **SAME AS ABOVE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne McCormick ANN McCormick

3/2/02

(352)307-5900

Date

Daytime Phone #

CR2E034 (9/01)