## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # \$23435** Jul 24, 2000 8:00 am 1. Entity Name **Secrétary of State** MCCULLOUGH'S, INC. 07-24-2000 90009 033 \*\*\*550.00 Principal Place of Business Mailing Address 121 HWY U. S. 1 POST OFFICE BOX 4943 KEY WEST FL 33040 KEY WEST FL 33041-4943 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0242806 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---KELLEY, ALBERT L. Street Address (P.O. Box Number is Not Acceptable) 926 TRUMAN AVE. KEY WEST FL 33040 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 DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ■ Addition TITI F ☐ Delete TITLE **DELGADO III, EDWARD** NAME NAME STREET ADDRESS 1524 5TH STREET STREET ADDRESS CITY-ST-7IP KEY WEST FL CITY-\$T-ZIP ☐ Addition TITLE Delete ☐ Change **DELGADO III, EDWARD** NAME STREET ADDRESS 1524 5TH STREET STREET ADDRESS CITY-ST-ZIP... CITY-ST-ZIP KEY WEST FL ☐ Addition TITLE ☐ Delete TITLE DELGADO II. EDWARD J. NAME NAME 1524 5TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY WEST FL CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change DELGADO, CARLOS NAME NAME STREET ADDRESS E-22 11TH AVE., STOCK ISLAND STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITI F 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: