

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
 03-14-2002 90084 013 ***150.00

AV
 03/14/02

DOCUMENT # V23909

1. Entity Name
GERRY MCCARTHY ENTERPRISES, INC.

Principal Place of Business
 11173 ALAMEDA BAY COURT
 WELLINGTON FL 33414
 US

Mailing Address
 11173 ALAMEDA BAY COURT
 WELLINGTON FL 33414
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0317318		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MCCARTHY, GERALYN A. 11173 ALAMEDA BAY COURT WELLINGTON FL 33414				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 Gery A McCarthy GERALYN A McCarthy 2-28-02
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 ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	MCCARTHY, GERALYN A.			NAME			
STREET ADDRESS	11173 ALAMEDA BAY COURT			STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414			CITY-ST-ZIP			
TITLE	VPD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	MCCARTHY, ROBERT D.			NAME			
STREET ADDRESS	1173 ALAMEDA BAY COURT			STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
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: Gery A McCarthy GERALYN A McCarthy 2/28/02 (561) 333-3442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)