

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

1022

DOCUMENT # **V43203**

1. Entity Name

Law Offices of Scott R. McNary, P.A.

02 NOV -6 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

200009176802
11/22/02--01085--028 **150.00

2. Principal Place of Business

3. Mailing Address

2937 SW 27th Ave

2937 SW 27 Ave

Suits, Apt. #, etc.

Suits, Apt. #, etc.

Suite 203

Suite 203

City & State

City & State

Miami, FL

Miami FL

Zip

Country

Zip

Country

33133

USA

33133

USA

2002 UBR

4. FEI Number *65-0338457*

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name *Scott R. McNary*

Street Address (P.O. Box Number is Not Acceptable)
2937 SW 27th Avenue

Suite 203

City *Miami*

FL

Zip Code
33133

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 *Scott R. McNary*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$250.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>DP McNary Scott R 2937 SW 27 Ave #203 Miami FL 33133</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott R. McNary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02

Date

305 442 1718

Daytime Phone #

202

LAW OFFICES OF SCOTT R. McNARY

A PROFESSIONAL ASSOCIATION
GROVE FOREST PLAZA
2937 SOUTHWEST 27TH AVENUE
SUITE 203
MIAMI, FLORIDA 33133-3772

www.mcnaaryl.com

SCOTT R. McNARY
DEBORAH J. GROSS
RANDAL S. WEST
DAWN M. CORTESE

TELEPHONE (305) 442-1718
TELEFAX (305) 442-0252

October 30, 2002

JOSEPH C. MURPHY
(1952-2001)

Department of State
Divisions of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Reinstatement of FEI # 65-0338457

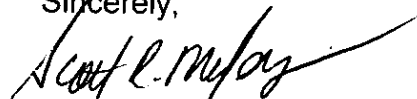
Dear Sir or Madam:

~~Please be advised that we never received the application for corporation~~
for 2002. We never received the annual report and therefore have been
administratively dissolved.

We spoke with examiner, Eula, this morning and she requested that we
send a letter to you informing of this. Also, if you will look at our payment history,
you will note that we have always paid on time.

We are requesting that you waive the \$600.00 penalty fee and we are
enclosing the \$150.00 reinstatement fee. Any consideration to this matter would
be greatly appreciated.

Sincerely,


SCOTT R. McNARY

SRM/mv

Enclosure