

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91590 028 ***150.00

DOCUMENT # P35583

1. Entity Name

CHARLES F. MCAFEE, FAIA, NOMA, PA

Principal Place of Business

**2600 NORTH GROVE STREET
 WICHITA KS 67219**

Mailing Address

**2600 NORTH GROVE STREET
 WICHITA KS 67219**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-0919289

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CAT ISLAND CORPORATION
 ROMEREO PERKINS
 2991 FENWICK COURT EAST
 TALLAHASSEE FL 32309**

7. Name and Address of New Registered Agent

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

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	C	<input type="checkbox"/> Delete
NAME	MCAFEE, CHARLES F.	
STREET ADDRESS	16 CRESTVIEW LAKE ESTATE	
CITY-ST-ZIP	WICHITA KS 67220	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCAFEE, CHERYL L.	
STREET ADDRESS	210 LAKELAND CIRCLE	
CITY-ST-ZIP	FAYETTEVILLE GA 30215	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CHARYL F MCAFEE-DUNCAN	
STREET ADDRESS	2014 PORTSMOUTH DR	
CITY-ST-ZIP	RICHARDSON TX 75082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 entries entered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/02 316-686 ²¹³⁸

CR2E034 (9/01)