


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90078 026 ***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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **48-0919289**

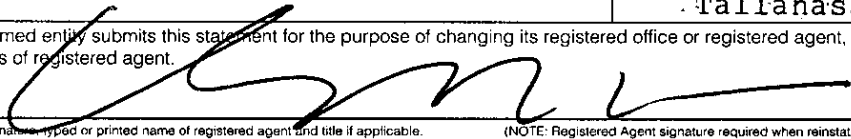
Applied For
 Not Applicable

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

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
C. Sha'Ron James, Esq.
Street Address (P.O. Box Number is Not Acceptable)
660 East Jefferson Street
City **Tallahassee** FL Zip Code **32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **03/11/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **CHARLES F. McAfee** 3/7/03 316 686-2138

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)