2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90164 034 ***150.00

DOCUMENT # P99000005985

1. Entity Name
SAGES, MCLEAN & COMPANY, INC.

Principal Place of Business	Mailing Address
357 CYPRESS DR SUITE # 7 TEQUESTA FL 33469	~~PO BOX 792~~ ~~JUPITER FL 33468~~

2. Principal Place of Business	3. Mailing Address
	357 Cypress Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite #7
City & State	City & State Tequesta FL
Zip / Country	Zip 33469 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0891305 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAGES, MICHAEL W ~~9806 S.E. LANDING PL.~~ ~~TEQUESTA FL 33469~~	Name Street Address (P.O. Box Number is Not Acceptable) 18211 SE Island Drive City Tequesta FL Zip Code 33469

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] MICHAEL W. SAGES PRESIDENT 1/23/02
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGES, MICHAEL W 9806 S.E. LANDING PL. TEQUESTA FL 33469 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 18211 SE Island Drive Tequesta FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, BILLY J 16184 S.W. PINEVIEW AVE. INDIANTOWN FL 34956 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 16184 S.W. Pineview Ave. Indiantown FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] REQUIRED 1-23-02 PRESIDENT 561-746-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)