2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State
01-30-2003 90105 009 ***150.00

0001?032

DOCUMENT # P99000005985

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

Principal Place of Business	Mailing Address
357 CYPRESS DR SUITE # 7 TEQUESTA FL 33469	357 CYPRESS DR SUITE # 7 TEQUESTA FL 33469

2. Principal Place of Business		3. Mailing Address	
19940 Mona Road		19940 Mona Road	
Suite, Apt. #, etc. #5		Suite, Apt. #, etc. #5	
City & State Tequesta FL		City & State Tequesta, FL	
Zip 33469	Country USA	Zip 33469	Country USA

☑ CHECK HERE IF MAKING CHANGES

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

SAGES, MICHAEL W
18211 SW ISLAND DRIVE
JUPITER FL 33469

7. Name and Address of New Registered Agent

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

SIGNATURE [signature] MICHAEL W. SAGES, PRES. 1-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGES, MICHAEL W 18211 SW ISLAND DRIVE JUPITER FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 18211 SE Island Drive Tequesta, FL 33469	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, BILLY J 16184 S.W. OINEVIEW AVE. INDIANTOWN FL 34956	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 16184 S.W. Pineview Ave.	☑ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] MICHAEL W. SAGES 1-22-03 561-746-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)