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

## 429504 DOCUMENT #

1. Entity Name

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

CITY-ST-ZIP

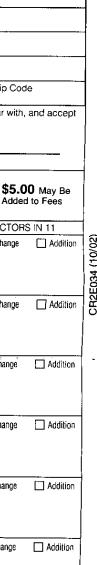
MCCLAIN CONSTRUCTION CORPORATION						į				
Principal Pla 10106 HAMPI TAMPA FL 33 US		P.O. I	ng Address BOX 15731 BOX 15731 A FL 33684							
2. Principal Place of Business 3. Ma			ailing Address			-				
Suite, Apt. #, etc. Su			ite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number <b>59-1466366</b>				pplied For ot Applicable
Zip Country		Zip	p Country			5. Certificate of Status Desired Fee F				
	6. Name and Address of C	ed Agent			7. Name and Address of New Registered Agent					
MCCLAIN, JOSEPH A III					Name					
10106 HAMPTON PL.			Street Addr		Street Address (	(P.O. Box Number is Not Acceptable)				
TAMPA FI							12			
					City			FL	Zip Cod	ie
the obligation	e named entity submits this state tions of registered agent.  Signature, typed or printed name of register				Office or registers		<u>.                                    </u>	ida. I am fa	miliar with,	and accept
Afte	FILE NOW!!! FEE IS \$150.0 or May 1, 2003 Fee will be \$5 k Payable to Florida Departn			·· <u>·</u>		Election Campaign Fina     Trust Fund Contribution.		<b>\$5.0</b> Addec	<b>0</b> May Be	
10.		S AND DIRECTO	RS	11.		ADDITI	ONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLAIN, JOSEPH A III 10106 HAMPTON PL. TAMPA FL		☐ Delete	TITLE NAME STREET AF	· I				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCLAIN, BARBARA C 10106 HAMPTON PL TAMPA FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AD CITY-ST-Z	<b>I</b>				Change	Addition
TITLE NAME			☐ Delete	TITLE					_ Change	Addition

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.

**FILED** Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90086 041 \*\*\*150.00



Daytime Phone #