

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90084 018 ****70.00

DOCUMENT # 740788

1. Entity Name

MCCLAIN, INC.

Principal Place of Business

7211 N. DALE MABRY HWY
 SUITE 210
 TAMPA FL 33614
 US

Mailing Address

7211 N. DALE MABRY HWY
 SUITE 210
 TAMPA FL 33614-2669
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7211 N. DALE MABRY
 Suite, Apt. #, etc.
 210
 City & State
 TAMPA FL

3. Mailing Address

7211 N. DALE MABRY
 Suite, Apt. #, etc.
 SUITE 210
 City & State
 TAMPA, FL

4. FEI Number

59-1846986

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, MARY
 3404 LACEWOOD RD
 TAMPA FL 33618

7. Name and Address of New Registered Agent

Name: TINA MARIE MESROPIAN
 Street Address (P.O. Box Number is Not Acceptable): 5700 S. MARINER, APT 806 W
 City: TAMPA, FL Zip Code: 33609

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

DATE: 4/26/00

**FILE NOW:
 FEE IS \$61.25.**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FALCONE, LOIS	
STREET ADDRESS	13004 VILLAGE CHASE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NELSON, MARY	
STREET ADDRESS	3404 LACEWOOD ROAD	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MESROPIAN, TINA E	
STREET ADDRESS	5700 S MARINER, APT 806W	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RIGGS, PATRICIA B.	
STREET ADDRESS	3419 LACEWOOD RD.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SENIOR, JOAN	
STREET ADDRESS	4168 NORTHMEADOW CIR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Down member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, MARY	
STREET ADDRESS	3404 LACEWOOD Rd.	
CITY-ST-ZIP	TAMPA, FL. 33618	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESROPIAN, TINA E.	
STREET ADDRESS	5700 S. MARINER, Apt 806 W	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY RUTLEDGE	
STREET ADDRESS	1616 CHEVY CHASE CIRCLE	
CITY-ST-ZIP	SUN CITY, FL. 33573	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORGETA LERCH	
STREET ADDRESS	1007 STRAWMARKET PLACE	
CITY-ST-ZIP	SUN CITY, FL 33573	

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 617, 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: Tina Marie Mesropian
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: 997 43211813

CR2E037 (9/99)