

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90091 013 \*\*\*150.00

**DOCUMENT # F95000003282**

1. Entity Name  
**MCEWAN ENTERPRISES, INC.**

Principal Place of Business  
**43 BARKLEY CIRCLE #101  
 FT. MYERS FL 33907**

Mailing Address  
**43 BARKLEY CIRCLE #101  
 FT. MYERS FL 33907-7517**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**12670 New Brittany Blvd.**

City & State

Suite, Apt. #, etc.  
**Suite 101**

City & State  
**Fort Myers, FL**

4. FEI Number **13-3505814**  
 Applied For  
 Not Applicable

Zip Country  
**33907 USA**

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

6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR. PA  
 12670 NEW BRITTANY BLVD.  
 SUITE 101  
 FT. MYERS FL 33907**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

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, 2000 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	<b>CP</b>	<input type="checkbox"/> Delete
NAME	<b>MCEWAN, RONALD W</b>	
STREET ADDRESS	<b>43 BARKLEY CIRCLE, #101</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33907</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> Delete
NAME	<b>MAIMONE, KATHRYN</b>	
STREET ADDRESS	<b>43 BARKLEY CIRCLE, #101</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33907</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

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: Ronald W. McEwan **RONALD W. MCEWAN** 3/16/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE