

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED 07-14-2003 90328 033 ***150.00
H40072

0136639 AT

DOCUMENT # H40072

1. Entity Name

AVON CONSTRUCTION, INC.



03 OCT 20 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1401 W BUSS ST
AVON PARK FL 33825

Mailing Address
1401 W BUSS ST
AVON PARK FL 33825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT
CHECK HERE IF MAKING CHANGES

03

4. FEI Number 59-2494434

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCLELLAN, JOHN F.
1401 W BUSS ST
AVON PARK FL 33825

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCLELLAN, JOHN F.	
STREET ADDRESS	1401 W BUSS ST	
CITY-ST-ZIP	AVON PARK FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCLELLAN, SHERYL A	
STREET ADDRESS	1401 W. BUSS STREET	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSH, MCCLELLAN R	
STREET ADDRESS	1401 W BUSS ST	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	S	<input type="checkbox"/> Delete
NAME	EWING, JUDY	
STREET ADDRESS	RT 2 BOX 174C NA	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLELLAN, ZEAH	
STREET ADDRESS	1401 W BUSS ST	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLELLAN, BUSS A	
STREET ADDRESS	1401 W BUSS ST	
CITY-ST-ZIP	AVON PARK FL 33825	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRASS C MCCLELLAN	
STREET ADDRESS	1880 N DELAWARE AVE	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE:

Signature of John F. McClellan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-03 863-446-2195
Date Daytime Phone #

CR2E034 (4/03)

10-15-03

DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314-6327

GENTLEMEN:

INCLOSED PLEASE FIND A COPY OF THE UBR FOR THE YEAR 2003.

THIS WAS THE FIRST REPORT FORM I RECEIVED THIS YEAR AND I SO
STATED IN A LETTER I SENT WITH MY CHECK AND THE COMPLETED
UBR. A COPY OF THE CANCELLED CHECK IS ALSO INCLOSED.

THE LETTER SHOULD BE ON FILE, HOWEVER IF IT IS NOT I AM
HEREBY REQUESTING THE ADDITIONAL FEE BE WAIVED PER INSTRUCTIONS
1 UNDER "FREQUENTLY ASKED QUESTIONS".

SINCERELY YOURS

A handwritten signature in dark ink, appearing to read "John F. McClellan", is written over the typed name.

JOHN F. MCCLELLAN
AVON CONSTRUCTION INC
H40072
1401 W BLISS ST
AVON PARK, FL 33825