

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90345 030 ***150.00

DOCUMENT # L37561

1. Entity Name
McFARLANE ENTERPRISES, INC.



Principal Place of Business
**21642 OCEAN PINES DR.
LAND O'LAKES FL 34639
US**

Mailing Address
**21642 OCEAN PINES DR
LAND O LAKES FL 34639**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2980628**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAUSCH, JEFFERY S
18525 MONTEVERDE DR.
BROOKSVILLE FL 34610**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Spring Hill

FL

Zip Code
34610

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 \$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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	McFARLANE, DIANNE E.	21642 OCEAN PINES DR. LAND O LAKES FL 34639				
	D	MAFARLANE, THOMAS E.	21642 OCEAN PINES DR, LAND O LAKES FL 34639				
	VP	RAUSCH, JEFFREY S.	18525 MONTEVERDE DR SPRING HILL FL 34610				

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:

Dianne E. McFarlane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

Date

812-996-6277

Daytime Phone #

CR2E034 (10/02)