

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90272 024 ***150.00

DOCUMENT # L98993

1. Entity Name
MCEWEN & ASSOCIATES, INC.

Principal Place of Business
782 W. MONTROSE ST.
CLERMONT FL 34711
US

Mailing Address
782 W. MONTROSE ST.
CLERMONT FL 34711
US



2. Principal Place of Business
P.O. Box 120009
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 120009
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CLERMONT, FL
 Zip
34712-0009
 Country
USA

City & State
CLERMONT, FL
 Zip
34712-0009
 Country
USA

4. FEI Number
65-0231644

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCEWEN, WILLIAM C JR
782 W MONROE ST
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name
WILLIAM C. MCEWEN JR.
 Street Address (P.O. Box Number is Not Acceptable)
9128 MOSSY OAK LN.
 City
CLERMONT **FL** Zip
34711

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 **W.C. MCEWEN JR. V.P.**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-15-02
 DATE

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCEWEN, TERRY 782 WEST MONTROSE ST. CLERMONT FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCEWEN, YVONNE 782 W MONTROSE ST CLERMONT FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCEWEN, WILLIAM C JR 782 WEST MONROE STREET CLERMONT FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17200 VILLACITY RD. GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17200 VILLACITY RD. GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9128 MOSSY OAK LN. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **W.C. MCEWEN JR. V.P.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02
 Date

407-245-9201
 Daytime Phone #

CR2E034 (9/01)