

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2002 90280 032 ***150.00

DOCUMENT # L99054

1. Entity Name
IN DEPTH MARKETING CONSULTANTS, INC.

Principal Place of Business
782 WEST MONTROSE STREET
CLERMONT FL 34711

Mailing Address
782 WEST MONTROSE STREET
CLERMONT FL 34711
US



DO NOT WRITE IN THIS SPACE

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

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

City & State
CLERMONT, FL

City & State
CLERMONT, FL

4. FEI Number **65-0232923**

Applied For
 Not Applicable

Zip
34712-0009

Country
USA

Zip
34712-0009

Country
USA

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

6. Name and Address of Current Registered Agent

MCEWEN, WILLIAM C JR
782 WEST MONTROSE STREET
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 Code **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 **William 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 **DP** ☐ Delete
 NAME **MCEWEN, TERRY**
 STREET ADDRESS **782 WEST MONTROSE STREET**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **DST** ☐ Delete
 NAME **MCEWEN, YVONNE**
 STREET ADDRESS **782 WEST MONTROSE STREET**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **DV** ☐ Delete
 NAME **MCEWEN, WILLIAM C JR**
 STREET ADDRESS **782 WEST MONTROSE STREET**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **17200 VILLA CITY RD.**
 CITY-ST-ZIP **GROVELAND, FL 34736**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **17200 VILLA CITY RD.**
 CITY-ST-ZIP **GROVELAND, FL 34736**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9128 MOSSY OAK LN.**
 CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

William C. McEwen Jr., V.P.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)