

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90092 032 ***550.00

DOCUMENT # P00000002015

1. Entity Name

J.T. ROSS MCLEAN ENTERPRISES, INC.

Principal Place of Business

5315 8TH STREET
 ZEPHYRHILLS FL 33540

Mailing Address

5315 8TH STREET
 ZEPHYRHILLS FL 33540

80138318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

29218 Caddy Shack
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 936
 Suite, Apt. #, etc.

City & State

SAN ANTONIO, FLORIDA

City & State

SAN ANTONIO, FLORIDA

4. FEI Number

59-3619098

Applied For

Not Applicable

Zip

33576

Country

USA

Zip

33576

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROSS, JOHN

5243 GALL BLVD STE 3
 ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

Name

ROSS, JOHN

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

29218 Caddy Shack

City

SAN ANTONIO

FL

Zip Code

33576

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)

9-10-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	ROSS, JOHN	
STREET ADDRESS	35636 CLUBBER COURT	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSS, LOURDES A	
STREET ADDRESS	35636 CLUBBER COURT	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, JOHN	
STREET ADDRESS	29218 Caddy Shack	
CITY-ST-ZIP	SAN ANTONIO, FLORIDA 33576	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, LOURDES A.	
STREET ADDRESS	29218 Caddy Shack	
CITY-ST-ZIP	SAN ANTONIO, FLORIDA 33576	
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		

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:

SIGNATURE REQUIRED JOHN ROSS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-02

Date

352 579 0158

Daytime Phone #

CR2E034 (4/02)