

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90094 041 ***150.00

DOCUMENT # P00000002015



1. Entity Name
J.T. ROSS MCLEAN ENTERPRISES, INC.

Principal Place of Business
**29218 CADDY SHACK
SAN ANTONIO FL 33576**

Mailing Address
**PO BOX 936
SAN ANTONIO FL 33576**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3619098**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSS, JOHN
29218 CADDY SHACK
SAN ANTONIO FL 33576**

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 _____ (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 ☐ Delete
NAME **P ROSS, JOHN**
STREET ADDRESS **29218 CADDY SHACK**
CITY-ST-ZIP **SAN ANTONIO FL 33576**

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

TITLE ☐ Delete
NAME **S ROSS, LOURDES A**
STREET ADDRESS **29218 CADDY SHACK**
CITY-ST-ZIP **SAN ANTONIO FL 33576**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-2003

Date

352-588-0158

Daytime Phone #

CR2E034 (10/02)

J.T. Ross McLean Enterprises, Inc.

Attachment

PERIOD 2015

90138560

29218 Caddy Shack Lane
P.O. Box 936
San Antonio, Florida 33576
USA

Phone (352) 588-0158

June 02, 2003

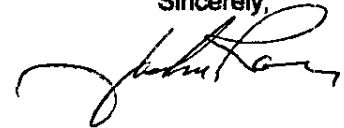
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam,

Enclosed is an explanation of our tardy UBR. Because we had mistakenly included our UBR in with our tax forms that were sent to our accountant, we were not aware that our UBR was not sent before May 1. Our Accountant had to get an extension on some of her filings this year due to an overload in her clients. We happened to be one of the ones that were extended. Thus, our UBR was not looked at until just last week. It was a mistake but an honest one. We are embarrassed and we do apologize and we are asking please allow us to pay the \$150.00 fee.

I have enclosed a check for \$150.00, in the hopes that you will accept this fee, with the promise that we will be more careful in the future. Thank you in advance, we appreciate your patience and understanding.

Sincerely,



John Ross,
President