

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

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90132 032 ***150.00

DOCUMENT # P00000044375

1. Entity Name
MCLAIN ELECTRIC, INC.



Principal Place of Business
94 S LUCILLE ST
BEVERLY HILLS FL 34465

Mailing Address
94 S LUCILLE ST
BEVERLY HILLS FL 34465



2. Principal Place of Business

3. Mailing Address

P.O. Box 640542

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BEVERLY HILLS, FL

Zip

Country

Zip

Country

34464-0542

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3642775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BISHOP, W E JR.
7743 SW S.R. 200
OCALA FL 34476

7. Name and Address of New Registered Agent

Name

STEVEN H.L. Bowman, P.A.

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

607 U.S. Hwy 41 South

INVERNESS

34450

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

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 **D** ☒ Delete
NAME **BISHOP, W E JR.**
STREET ADDRESS **7743 SW S.R. 200**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **STEVEN H.L. Bowman** ☒ Change ☒ Addition
NAME **STEVEN H.L. Bowman**
STREET ADDRESS **607 U.S. Hwy 41 South**
CITY-ST-ZIP **Inverness, FL 34450**

TITLE **P/S** ☐ Delete
NAME **MCLAIN, GERALD G**
STREET ADDRESS **94 S LUCILLE STREET**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **P/S** ☒ Change ☐ Addition
NAME **P/S**
STREET ADDRESS **P/S**
CITY-ST-ZIP **P/S**

TITLE **VP/T** ☐ Delete
NAME **MCLAIN, SANDRA**
STREET ADDRESS **94 S LUCILLE STREET**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **VP/T** ☒ Change ☐ Addition
NAME **VP/T**
STREET ADDRESS **VP/T**
CITY-ST-ZIP **VP/T**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-10-03 527-9770

CR2E034 (10/02)