

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90236 038 ***150.00

DOCUMENT # P01000075218
1. Entity Name The McClure Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2706 Alt. 19 North
3. Mailing Address 2706 Alt. 19 North

Suite, Apt. #, etc.
Suite 217

City & State
Palm Harbor, FL

Zip Country
34683 U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3741329
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **David J. Wollinka**

Street Address (P.O. Box Number is Not Acceptable)
2312 U.S. Highway 19

City **Holiday** **FL** Zip Code **34690**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE P
NAME Robert D. McClure
STREET ADDRESS 1210 Bayshore Blvd.
CITY-ST-ZIP Indian Rocks Beach, FL 33785

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert D. McClure Robert D. McClure 4/24/02 727/787-8005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)