

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90452 029 ***150.00

DOCUMENT # P01000075218

1. Entity Name
THE MCCLURE GROUP, INC.



Principal Place of Business
2706 ALTERNATE 19 NORTH
SUITE 217
PALM HARBOR FL 34683

Mailing Address
2706 ALTERNATE 19 NORTH
SUITE 217
PALM HARBOR FL 34683

2. Principal Place of Business
105 15th Ave
Suite, Apt. #, etc.
Suite D

3. Mailing Address
105 15th Ave
Suite, Apt. #, etc.
Suite D

City & State
Indian Rocks Beach, FL

City & State
Indian Rocks Beach, FL

Zip
33785

Country
USA

Zip
33785

Country
USA

4. FEI Number 59-3741329

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

WOLLINKA, DAVID J
2312 US HWY 19
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

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 Robert D. McClure Robert D. McClure

04/17/03

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
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

TITLE ☐ Delete
NAME D
STREET ADDRESS MCCLURE, ROBERT
CITY-ST-ZIP 953 COBBLESTONE LANE
TARPON SPRINGS FL 34689

TITLE ☐ Delete
NAME D
STREET ADDRESS MCCLure, Robert
CITY-ST-ZIP 1210 Bayshore BLVD
Indian Rocks Beach, FL 33785

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
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: Robert D. McClure Robert D. McClure 4/17/03 727/596-2682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)