## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # DOLONDALL 23

## **FILED** Sep 11, 2002 8:00 am Secretary of State

1. Entity Name	and Son's of	•	Inc.	/		09-11-20	02 90079	048 ***	150.00	
DO NOT WRITE IN THIS SPACE  2. Principal Place of Bysiness 16.7 Mashes Sand Road P.O. Box 481  O Suite, Apt. #, etc.  Suite, Apt. #, etc.						a 7 9 9 8				
32346	Wakula	City & State / 32346	Wak	ulla			Applied For Not Applicable			
Zip	Country	Zip	Country			ate of Status Desired		\$8.75 A		
		J			7. Name an	nd Address of Currer	ıt Registere	,	ined .	
DO NOT WRITE  Name Eric  Street Address (P						Ichean-				
IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)						
	IIV I IIIO OF	ACE		<u>167 Ma</u>	shes	Sand Roa	<u>d</u>			
,				<sup>city</sup> Panace			FL	Zip3	2346	
8. The above named	entity submits this statement for	the purpose of changing its	s registered	office or register	ed agent, or	both, in the State of F	lorida.	<del></del>		
SIGNATURE U	J.Mle Lew						9/9	2/02		
	typed or printed name of registered agent a			gent signature required	when reinstating)		DATE	<u>),, o , \</u>		
	s eligible to satisfy its Intangible tent and elects to do so.		1, Fee is \$	5550.00 61.25	**************************************	Election Campaign Fi Trust Fund Contribution			.00 May Be led to Fees	
11.	OFFICERS AND [	DIRECTORS								
	nua McLean Mashes Sand Roud		TITLE NAME			-		**	wf.	
STREET ADDRESS	Mashes Sund Roud acea, F1 32346		STREET A CITY-ST-			•				
TITLE C			TITLE	Zir						
NAME ECIS	c McLean Mashes Sand R	nud	NAME							
CITY-ST-ZIP Pana	rea Fl 32346	za e	STREET A	1						
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CITY-ST-ZIP	<del>-</del>		CITY-ST-	ZIP	L	TON OC	WKI	iE	. ***	
TITLE NAME			TITLE		ı	N THIS	SPAC	E		
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NAME STREET ADDRESS			NAME							
CITY-ST-ZIP			STREET AD CITY-ST-2	ţ		•				
13. Thereby certify tha	It the information supplied with the	nie filing dose not qualify for	the examenti	ion stated in Con						

indicated on this report or supplied with this tiling 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 suppliemental 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:

1713 UT 999Y

McLean and Sons

Of Tallahassee Inc. P.O.Box 481 Panacea, Fl. 32346

Eric McLean 167 Mashes Sand Road Panacea,FL 32346

9/6/02\_\_\_

Dear Sir:

I recently contacted your office about the Uniform Business Report. I have not received any communication about this report this year. I have had some problems with my local post office for quite some time delivering my mail. I spoke to someone in your office who has subsequently sent me a UBR and said that I needed to return it as soon as possible with \$150.00. I am enclosing the necessary paperwork now. Thanks for your help.

Sincerely Cing. McLean