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

DOCUMENT

P02000069903

1. Entity Name

MCCRUM AND ASSOCIATES, INC.



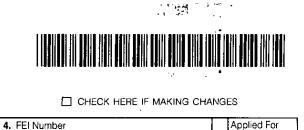
Mailing Address 507 SAN SEBASTIAN PRADO

Principal Place of Business 507 SAN SEBASTIAN PRADO ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

FILED Apr 16, 2003 8:00 am § Secretary of State

04-16-2003 90151 037 ***150.00



	Country	Zip	Coun	try	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				

MCCRUM, DON P SR.

507-SAN SEBASTIAN PRADO

ALTAMONTE SPRINGS FL 32714

Street Address (P.O. Box Number is Not Acceptable)										
<u> - ಇವರಿಗೆ ಅಗಣ್ಯ ಆಕ್ಟರ</u>		- - -								
City		FI	Zip Code							

*01 - 072 475*2

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

City & State

Zip

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

Applied For

Not Applicable

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT ☐ Delete TITLE Cliange ☐ Addition NAME NAME DON F. M CORUM, SR. STREET ADDRESS STREET ADDRESS SUT SAN SEBASTIAN PRAPO CITY-ST-ZIP CITY-ST-ZIP ALMANNE SPAINES FL 32714 ☐ Delete TITLE TITI F Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: