

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90121 014 ***150.00

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DOCUMENT # P02000081682

1. Entity Name
MCLE, INC.



Principal Place of Business
**2054 RIVERSIDE AVE.
#2105
JACKSONVILLE FL 32204**

Mailing Address
**2054 RIVERSIDE AVE.
#2105
JACKSONVILLE FL 32204**



2. Principal Place of Business
4412 SW 84th Terrace
Suite, Apt. #, etc.

3. Mailing Address
4412 SW 84th Terrace
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DAVIE, FL

City & State
DAVIE, FL

4. FEI Number
37-1436913

Applied For
☐ Not Applicable

Zip
33328

Country
USA

Zip
33328

Country
USA

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

**ELWELL, VICKI
4412 SW 84TH TERRACE
DAVIE FL 33328**

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

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 **P** ☐ Delete
NAME **MCKIBBEN, WILLIAM B**
STREET ADDRESS **2865 CORAL COURT #101**
CITY-ST-ZIP **CORALVILLE IA 52241**

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

TITLE **V** ☐ Delete
NAME **LEE, JENNIFER J**
STREET ADDRESS **2865 CORAL COURT #101**
CITY-ST-ZIP **CORALVILLE IA 52241**

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

TITLE **V** ☐ Delete
NAME **ELWELL, VICKI**
STREET ADDRESS **4412 SW 84TH TERRACE**
CITY-ST-ZIP **DAVIE FL 33328**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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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 #

CR2E034 (10/02)