

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90080 040 ***150.00

DOCUMENT # P02000090971

1. Entity Name
MCKEAN MARKETING CORPORATION



Principal Place of Business
1333 VALLEY PINE CIRCLE
APOPKA FL 32712

Mailing Address
1333 VALLEY PINE CIRCLE
APOPKA FL 32712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

22-3866841

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVE., STE. 1114
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name Thomas A. McKean, Principal
Street Address (P.O. Box Number is Not Acceptable)
1333 Valley Pine Circle
City APOPKA FL 32712

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 Thomas A McKean
Signature, typed or printed name of registered agent and title if applicable.

Thomas A McKean
(NOTE: Registered Agent signature required when reinstating)

PRESIDENT & PRINCIPAL

1-6-2003
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

TITLE 0 PRESIDENT ☐ Delete
NAME MCKEAN, THOMAS A
STREET ADDRESS 1333 VALLEY PINE CIRCLE
CITY-ST-ZIP APOPKA FL 32712

TITLE SECTY ☐ Delete
NAME CLARK, SHARON E.
STREET ADDRESS 1333 Valley Pine Circle
CITY-ST-ZIP APOPKA, FL 32712

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 11

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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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: Thomas A McKean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2003
Date

407 889 8886
Daytime Phone #

CR2E034 (10/02)