

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State

05-05-2003 92189 012 ***150.00

DOCUMENT # P02000119792

1. Entity Name

MADISON B. MCCLELLAN, P.A.

Principal Place of Business
**6439 CENTRAL AVENUE
ST. PETERSBURG FL 33710-8411**

Mailing Address
**6439 CENTRAL AVENUE
ST. PETERSBURG FL 33710-8411**

55050875

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2082658

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

**SIMONE, STEPHEN CPA
% STEPHEN SIMONE, P.A.
6439 CENTRAL AVENUE
ST. PETERSBURG FL 33710-8411**

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

Signature, typed or printed name of registered agent and fee 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

TITLE **PSTD** ☐ Delete
NAME **MCCLELLAN, MADISON B**
STREET ADDRESS **6439 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG FL 33710-8411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)

Attachment

55050873
#D02000119792

STEPHEN SIMONE, P.A.

Certified Public Accountant

July 6, 2003

Ms. Glenda E. Hood, Secretary
Florida Department of State
Divisions of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Re: Madison B. McClellan, P.A.

Dear Ms. Hood:

Enclosed please find the completed UBR that you returned to Madison B. McClellan, P.A. for inclusion of the Federal ID Number. The form is returned past the period you allowed as Mr. McClellan was unable to be reached in time to effect a timely return of the form. The failure to do so was either intentional or deliberate. Mr. McClellan has historically and consistently filed all his Federal and Florida taxation and registrations on a timely manner.

Accordingly we ask that you please accept it as being promptly returned since it was unavoidable that the delay was incurred.

If there is anything else I may do to be of assistance to you in this matter, please do not hesitate to contact me at any time.

Sincerely,



Stephen Simone
Certified Public Accountant