2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am Secretary of State **DOCUMENT #** P94000009824 1. Entity Name 03-25-2002 90091 003 ***150.00 MCLEAN AG CHEM, INC. Principal Place of Business Mailing Address BUU47648 904 JAN-MAR COURT PO BOX 1044 STE A MINNEOLA FL 34755 CLERMONT FL 34711 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3330052 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANGLEY, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 700 ALMONT STREET **CLERMONT FL 34712** 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9x This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME MCLEAN, WILLIAM B III STREET ADDRESS 17514 BOBBLESTONE LANE STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME MCLEAN, WILLIAM B SR STREET ADDRESS STREET ADDRESS 17 REDWOOD TRAIL CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID FL 33852 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCLEAN, WILLIAM B JR STREET ADDRESS STREET ADDRESS PO BOX 120902 20574 SUGARLOAF MOUNTIN RD CITY-ST-ZIP CITY-ST-ZIP CLERMONT_FL 34712-0902 TITLE ☐ Delete TITLE 🗶 Change Addition John S. McLean NAME NAME MCLEAN, JOHN S 5028 Strafford Oaks Dr STREET ADDRESS STREET ADDRESS **5028 STRAFFORD OAKS DR** CITY-ST-ZIP CITY-ST-ZIP SEBRING FL M Change ☐ Addition ☐ Delete UUE TITLE John S. McLean NAME NAME MCLEAN, JOHN S 5028 STRAFFORD DAKS DR STREET ADDRESS STREET ADDRESS 6932 KENWOOD PLACE CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 Sebrung, FL 33875 TITLE ☐ Delete TITLE Change Addition mank & mclean NAME MCLEAN, MARK V NAME 3700 Rodeo Drive South STREET ADDRESS 3700 RODEO DRIVE SOUTH STREET ADDRESS CITY-ST-ZIP Sebang CITY-ST-ZIP SEBRING FL 33872 3387\$

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED