

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90078 032 ***158.75

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DOCUMENT # P94000009824

1. Entity Name
MCLEAN AG CHEM, INC.



Principal Place of Business
904 JAN-MAR COURT
STE A
CLERMONT FL 34711
US

Mailing Address
PO BOX 1044
MINNEOLA FL 34755
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3330052**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LANGLEY, RICHARD H
700 ALMONT STREET
CLERMONT FL 34712

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MCLEAN, WILLIAM B III**
STREET ADDRESS **17514 BOBBLESTONE LANE**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **D** ☐ Delete
NAME **MCLEAN, WILLIAM B SR**
STREET ADDRESS **17 REDWOOD TRAIL**
CITY-ST-ZIP **LAKE PLACID FL 33852**

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

TITLE **D** ☐ Delete
NAME **MCLEAN, WILLIAM B JR**
STREET ADDRESS **PO BOX 120902 20574 SUGARLOAF MOUNTAIN RD**
CITY-ST-ZIP **CLERMONT FL 34712-0902**

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

TITLE **VP** ☐ Delete
NAME **MCLEAN, JOHN S**
STREET ADDRESS **5028 STRAFFORD OAKS DR**
CITY-ST-ZIP **SEBRING FL 33875**

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **McLean, John S.**
CITY-ST-ZIP **1745 U.S. Hwy 27 South**
Sebring, FL 33870

TITLE **D** ☐ Delete
NAME **MCLEAN, JOHN S**
STREET ADDRESS **5028 STRAFFORD OAKS DR**
CITY-ST-ZIP **SEBRING FL 33875**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **McLean, John S.**
CITY-ST-ZIP **1745 U.S. Hwy 27 South**
Sebring, FL 33870

TITLE **D** ☐ Delete
NAME **MCLEAN, MARK V**
STREET ADDRESS **3700 RODEO DRIVE SOUTH**
CITY-ST-ZIP **SEBRING FL 33875**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/03 (352) 242-9989

CR2E034 (10/02)