

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014945

1. Entity Name

MCCLAIN CONTRACTING, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90387 033 ***150.00

Principal Place of Business

Mailing Address

3581 S. APOPKA AVE.
INVERNESS FL 34452

3581 S. APOPKA AVE.
INVERNESS FL 34452-7009

2. Principal Place of Business

3. Mailing Address

6025 E. Turner Camp Rd.
Suite, Apt. #, etc.

6025 E. Turner Camp Rd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Inverness, FL

Inverness, FL

4. FEI Number

59-3228521

Applied For

Not Applicable

Zip

Country

34453-1271

USA

Zip

Country

34453-1271

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

MCCLAIN, PATRICIA
3581 S. APOPKA AVE.
INVERNESS FL 34452

Name

McClain, Patricia

Street Address (P.O. Box Number is Not Acceptable)

6025 E. Turner Camp Rd.

City

Inverness, FL

FL

Zip Code

34453-1271

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS MCCLAIN, PATRICIA
CITY-ST-ZIP 3581 S APOPKA AVE
INVERNESS FL

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS McClain, Patricia
CITY-ST-ZIP 6025 E. Turner Camp Rd.
Inverness, FL 34453-1271

TITLE ☐ Delete
NAME VP
STREET ADDRESS MCCLAIN, MILTON
CITY-ST-ZIP 3581 S. APOPKA AVE.
INVERNESS FL 34452

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6025 E. Turner Camp Rd
CITY-ST-ZIP INVERNESS FL 34453

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Patricia McClain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA MCCLAIN

Date

Daytime Phone #

3/9/00 (352) 344-1362

CR2E034 (9/99)