

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90736 047 \*\*\*150.00

**DOCUMENT # P94000043860**

**1. Entity Name**  
**MCLEAN INDUSTRIAL MAINTENANCE, INC.**



**Principal Place of Business**  
**69 IMPERIAL DRIVE E.**  
**LAKELAND FL 33815**  
**US**

**Mailing Address**  
**P.O. BOX 1066**  
**LAKELAND FL 33802**  
**US**

**70026054**



☐ CHECK HERE IF MAKING CHANGES

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. FEI Number</b> 59-2350148		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**HARDEN, CLAUDE M III**  
**1 LAKE MORTON DRIVE**  
**LAKELAND FL 33802**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MCLEAN, NEIL A</b>	
<b>STREET ADDRESS</b>	<b>67 IMPERIOR DR EAST</b>	
<b>CITY-ST-ZIP</b>	<b>LAKELAND FL 33815</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MCLEAN, NEIL B</b>	
<b>STREET ADDRESS</b>	<b>17101 GLASS FIELD DR</b>	
<b>CITY-ST-ZIP</b>	<b>HUNTERSVILLE NC 28078</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MCLEAN, COLIN J</b>	
<b>STREET ADDRESS</b>	<b>1391 SAWGRASS CT</b>	
<b>CITY-ST-ZIP</b>	<b>WINTER PARK FL 32792</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MCLEAN, DARLA K</b>	
<b>STREET ADDRESS</b>	<b>17101 GLASS FIELD DR</b>	
<b>CITY-ST-ZIP</b>	<b>HUNTERSVILLE NC 28078</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MCLEAN, JOELLEN</b>	
<b>STREET ADDRESS</b>	<b>1391 SAWGRASS CT</b>	
<b>CITY-ST-ZIP</b>	<b>WINTER PARK FL 33813</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

*Neil A. McLean*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-8-03**

Date

**8636839156**

Daytime Phone #

CR2E034 (10/02)