

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90156 002 ***150.00

DOCUMENT # P96000039446

1. Entity Name
MCLEAN & ASSOCIATES, INC.



Principal Place of Business
12765 W FOREST HILL BLVD
STE 1311
WELLINGTON FL 33414
US

Mailing Address
12765 W FOREST HILL BLVD
STE 1311
WELLINGTON FL 33414
US

2. Principal Place of Business

1921 Primrose Lane
Suite, Apt. #, etc.

3. Mailing Address

1921 Primrose Lane
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Wellington Florida
Zip **33414** **Country** **Palm Beach**

City & State
Wellington, FL
Zip **33414** **Country** **Palm Beach**

4. FEI Number **65-0719576**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAFER, LEWIS R ESQ.
2300 GLADES ROAD
WEST TOWER - SUITE #400
BOCA RATON FL 33431

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 *Mark J. McLean*

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

TITLE **P** ☐ Delete
NAME **MCLEAN, MARK J**
STREET ADDRESS **12765 W FOREST HILL BLVD STE 1311**
CITY - ST - ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE **P** ☒ Change ☐ Addition
NAME **MCLEAN, MARK J**
STREET ADDRESS **1921 Primrose Lane**
CITY - ST - ZIP **Wellington, FL 33414**

TITLE ☐ Change ☐ Addition
NAME
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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:

Mark J. McLean
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)