

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

FILED

00 JUL 18 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000060926

1. Entity Name

L.T. MCCLURE, INC.

Principal Place of Business

531 N J STREET #2
LAKE WORTH, FL 33460
US

Mailing Address

P O BOX 142
LAKE WORTH, FL 33460-0142

2. Principal Place of Business

4013-B BROADWAY
Suite, Apt. #, etc.

3. Mailing Address

P O BOX 32372
Suite, Apt. #, etc.

7/2/00 90007/036 \$10.25
DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH, FL

Zip
33407

Country
US

City & State
PALM BEACH GARDENS, FL

Zip
33420-2372

Country
US

4. FEL Number
65-0688945

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGER J FINN
531 NORTH J STREET
SUITE 2
LAKE WORTH, FL 33460

7. Name and Address of New Registered Agent

Name
CLINTON D. HARWELL
Street Address (P.O. Box Number is Not Acceptable)
403 VISION CT.
City
PALM BEACH GARDENS, FL Zip Code 33418

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 Clinton D. Harwell Cl D Harwell 6/27/00
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 \$5.00 May Be Added to Fees
Trust Fund Contribution

11. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> Delete
NAME FINN, ROGER J	
STREET ADDRESS 531 NORTH J STREET #2	
CITY-ST-ZIP LAKE WORTH, FL 33460	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT/VP/SEC/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARWELL, CLINTON D	
STREET ADDRESS 403 VISION CT.	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Clinton D. Harwell Cl D Harwell 6/27/00 hnr# (861) 691-1659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
(561) 845-1023

CR2E034 (9/99)

7/18