

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039785

1. Entity Name

MCCLELLAN AND SONS, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90085 047 ***150.00

Principal Place of Business

1180 BAYMEADOWS DRIVE
TITUSVILLE FL 32796

Mailing Address

1180 BAYMEADOWS DRIVE
TITUSVILLE FL 32796-1555

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3343723

Applied For

Not Applicable

Zip

Country

BREVARD

Zip

Country

BREVARD

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

MCCLELLAN, CRAIG
1180 BAYMEADOWS DRIVE
TITUSVILLE FL 32796

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.

SIGNATURE CRAIG MCCLELLAN

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

Craig McClellan

(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 PD
NAME MCCLELLAN, CRAIG
STREET ADDRESS 1180 BAYMEADOWS DRIVE
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Delete

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

TITLE VD
NAME MCCLELLAN, NICK
STREET ADDRESS 1180 BAYMEADOWS DRIVE
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Delete

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

TITLE SD
NAME MCCLELLAN, ERIK
STREET ADDRESS 1180 BAYMEADOWS DRIVE
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Delete

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

TITLE TD
NAME MCCLELLAN, RITA
STREET ADDRESS 1180 BAYMEADOWS DRIVE
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Craig McClellan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 321-268 2118

Date

Daytime Phone #

CR2E034 (9/99)