

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90116 032 ***150.00



DOCUMENT # P97000039785

1. Entity Name
MCCLELLAN AND SONS, INC.

Principal Place of Business
1180 BAYMEADOWS DRIVE
TITUSVILLE FL 32796

Mailing Address
1180 BAYMEADOWS DRIVE
TITUSVILLE FL 32796



2. Principal Place of Business
1180 BAYMEADOWS DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1180 BAYMEADOWS DRIVE
Suite, Apt. #, etc.

City & State
TITUSVILLE FLORIDA

City & State
TITUSVILLE FLORIDA

Zip
32796

Country
BREVARD

Zip
32796

Country
BREVARD

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3719649**

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

6. Name and Address of Current Registered Agent
MCCLELLAN, CRAIG
1180 BAYMEADOWS DRIVE
TITUSVILLE FL 32796

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 *Craig McClellan* (NOTE: Registered Agent signature required when reinstating) DATE 1/09/03

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLELLAN, CRAIG 1180 BAYMEADOWS DRIVE TITUSVILLE FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLELLAN, NICK 1180 BAYMEADOWS DRIVE TITUSVILLE FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCLELLAN, RITA 1180 BAYMEADOWS DRIVE TITUSVILLE FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Craig McClellan* **SIGNATURE REQUIRED** 1/09/03 321 268 2118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)