

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064299

1. Entity Name
MCCLELLAN'S ALLSTAR INVESTMENTS, INC.

Principal Place of Business

415 INTERSTATE COURT
SARASOTA FL 34240

Mailing Address

415 INTERSTATE COURT
SARASOTA FL 34240

2. Principal Place of Business

3. Mailing Address

6811 First Avenue Dr NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#4

City & State

City & State
Bradenton FL

Zip

Country

Zip

Country

34209

USA

4. FEI Number 65-0719368

Applied For

Not Applicable

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

CORPORATE CREATIONS NETWORK INC.

941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name

Thomas J McClellan

Street Address (P.O. Box Number is Not Acceptable)

6811 First Ave Dr NW

City

Bradenton

FL

Zip Code

34209

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 *Thomas J McClellan* THOMAS J MCCLELLAN

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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, 2001 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 D
NAME MCCLELLAN, THOMAS J
STREET ADDRESS 415 INTERSTATE COURT
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

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

TITLE D
NAME MCCLELLAN, CHRISTINE D
STREET ADDRESS 415 INTERSTATE COURT
CITY-ST-ZIP SARASOTA FL 34240 ☒ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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: *Thomas J McClellan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

941 794 6303

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)