

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90124 004 \*\*\*158.75

DOCUMENT # **P97000064720**



1. Entity Name  
**MCEWAN INTERNATIONAL, INC.**

Principal Place of Business  
**8855 BAYVILLA COURT  
ORLANDO FL 32836  
US**

Mailing Address  
**8855 BAYVILLA COURT  
ORLANDO FL 32836  
US**



2. Principal Place of Business  
**6064 RALEIGH STREET**  
Suite, Apt. #, etc.  
**APT. 2503**  
City & State  
**ORLANDO FLORIDA**

3. Mailing Address  
**P.O. Box 22075**  
Suite, Apt. #, etc.  
**ONE LAKE BUENA VISTA**  
City & State  
**FLORIDA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3498381** Applied For   
Not Applicable

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

6. Name and Address of Current Registered Agent  
**HART, DAVID J  
100 N. BISCAYNE BLVD.  
SUITE 2600  
MIAMI FL 33132**

7. Name and Address of New Registered Agent  
Name **DAVID RUSMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
~~8831 BAYVILLA CT~~  
City **ORLANDO** **FL** Zip Code **32836**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b> <b>MCEWAN, PETER</b> <b>8855 BAYVILLA COURT</b> <b>ORLANDO FL 32836</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>MCEWAN, P.G.F.</b> <b>6064 RALEIGH ST., APT. 2503</b> <b>ORLANDO, FLORIDA, 32835</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>MCEWAN, P.G.F.</b> <b>6064 RALEIGH ST. APT. 2503</b> <b>ORLANDO, FLORIDA, 32835</b></del> <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: **SIGNATURE REQUIRED** **P.G.F. MCEWAN (P.G.F. = PETER GARETH FREDRIC)**  
01-06-03 407 970 3169  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)