

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

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90111 017 ***150.00

DOCUMENT # **P97000105223**

1. Entry Name

McEwan Publishing Company, Inc ✓

DO NOT WRITE IN THIS SPACE

822334

2. Principal Place of Business

140 50th Street

Suite, Apt. #, etc.

3. Mailing Address

140 50th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Holmes Beach, FL

City & State

Holmes Beach, FL

4. FEI Number

65-0803897

Applied For

Not Applicable

Zip

County

34217

MANATEE

Zip

County

34217

MANATEE

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

7. Name and Address of Current Registered Agent

Name

John T. McEwan

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

140 50th Street

City

Holmes Beach

FL

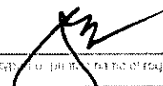
Zip Code

34217

**DO NOT WRITE
IN THIS SPACE**

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

 (Signature of principal, partner, officer or director, or agent authorized to apply for this report)

(OR: List signed agent's signature (include with certificate))

Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

President
John T. McEwan
140 50th St
Bradenton, FL 34217

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 of an attachment with an address, with all other like empowered

SIGNATURE:

 **John T. McEwan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02 941-779-9585
Date Expiration Date

CR2E034B (12/01)