

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90185 048 ***150.00

0550380

DOCUMENT # P98000027506

1. Entity Name
MCCLAIN TRANSPORT, INC.

Principal Place of Business
**3581 S. APOPKA AVENUE
 INVERNESS FL 34452**

Mailing Address
**3581 S. APOPKA AVENUE
 INVERNESS FL 34452**

00035352



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6025 E. Turner Camp Rd
 Suite, Apt. #, etc.

3. Mailing Address
6025 E. Turner Camp Rd
 Suite, Apt. #, etc.

City & State
Inverness, FL
 Zip
34453
 Country
USA

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Inverness, FL
 Zip
34453
 Country
USA

4. FEI Number **59-3497150**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MCCLAIN, PATRICIA
 3581 S. APOPKA AVENUE
 INVERNESS FL 34452**

7. Name and Address of New Registered Agent

Name
McClain, Patricia
 Street Address (P.O. Box Number is Not Acceptable)
6025 E Turner Camp Rd
 City
Inverness FL Zip Code
34453

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

(NOT Registered Agent signature required when reinstating)

4/5/01
 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

TITLE
D
 NAME
MCCLAIN, PATRICIA ☐ Delete
 STREET ADDRESS
3581 S. APOPKA AVENUE
 CITY-ST-ZIP
INVERNESS FL 34452

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS
6025 E Turner Camp Rd
 CITY-ST-ZIP
Inverness, FL 34453

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

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

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

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

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, who all other like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01 (352) 344-1362
 Date Daytime Phone #

CR2E034 (10/00)