

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90020 035 ***150.00

0452798 AV

DOCUMENT # P98000042905

1. Entity Name

MACLEOD CONSTRUCTION, INC.

Principal Place of Business

**3455 COUNTRYSIDE BLVD
 95
 CLEARWATER FL 33761**

Mailing Address

**3455 COUNTRYSIDE BLVD
 95
 CLEARWATER FL 33761**

2. Principal Place of Business

1729 CARLISLE ST.

Suite, Apt. #, etc.

CLEARWATER FL

3. Mailing Address

1729 CARLISLE ST.

Suite, Apt. #, etc.

CLEARWATER FL

City & State

CLEARWATER FL.

Zip

33755

Country

PINELLAS

City & State

CLEARWATER FL.

Zip

33755

Country

PINELLAS

City & State

CLEARWATER FL.

Zip

33755

Country

PINELLAS

City & State

CLEARWATER FL.

Zip

33755

Country

PINELLAS

City & State

CLEARWATER FL.

Zip

33755

Country

PINELLAS

City & State

CLEARWATER FL.

Zip

33755

Country

PINELLAS

City & State

CLEARWATER FL.

Zip

33755

Country

PINELLAS

City & State

CLEARWATER FL.

Zip

33755

Country

PINELLAS

City & State

CLEARWATER FL.

Zip

33755

Country

PINELLAS



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3513668

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MACLEOD, JOHN

3455 COUNTRYSIDE BLVD. #95

CLEARWATER FL 33716

7. Name and Address of New Registered Agent

Name

JOHN C. MACLEOD

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

1729 CARLISLE ST.

City

CLEARWATER

FL

Zip Code

33755

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

John C. MacLeod

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

(NOTE: Registered Agent signature required when reinstating)

1-27-02

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, 2002 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 **P** ☐ Delete
 NAME **MACLEOD, JOHN C**
 STREET ADDRESS **3455 COUNTRYSIDE BLVD #95**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VP** ☐ Delete
 NAME **JUNG, LINDA K**
 STREET ADDRESS **106 GULF BLVD #101**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **JOHN C. MACLEOD**
 STREET ADDRESS **1729 CARLISLE ST.**
 CITY-ST-ZIP **CLEARWATER, FL. 33755**

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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, with all other like empowered.

SIGNATURE:

John C. MacLeod

JOHN C. MACLEOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-02

Date

727-804-4938

Daytime Phone #

CR2E034 (9/01)