

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90157 022 ***158.75

DOCUMENT # P99000003704

1. Entity Name
NEVER A DULL MOMENT, INC.



Principal Place of Business
**1244 12TH FAIRWAY
WELLINGTON FL 33414**

Mailing Address
**1244 12TH FAIRWAY
WELLINGTON FL 33414**



2. Principal Place of Business

497 W. Rambling DR

Suite, Apt. #, etc.

3. Mailing Address

497 W. Rambling DR

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Wellington FLORIDA

City & State
Wellington FLORIDA

4. FEI Number
65-0969286

Applied For
☐ Not Applicable

Zip
33414

Country

Zip
33414

Country

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

6. Name and Address of Current Registered Agent

**MCCLELLAN, JAMES B
1244 12TH FAIRWAY
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name
MCCLELLAN JAMES B

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

497 W. Rambling DR

City
Wellington

FL

Zip Code
33414

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE
P ☐ Delete
NAME
MCCLELLAN, JAMES B
STREET ADDRESS
1244 12TH FAIRWAY
CITY-ST-ZIP
WELLINGTON FL 33414

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-

TITLE
MCCLELLAN JAMES B ☒ Change ☐ Addition
NAME
497 W. Rambling DR
STREET ADDRESS
Wellington FL 33414
CITY-ST-ZIP

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

TITLE
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CITY-ST-ZIP

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

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:

JAMES B MCCLELLAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/03

561 791 2278

CR2E034 (10/02)