

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S40528**

1. Entity Name

MCCLELLAN AND EWING INCORPORATED**FILED**
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90316 026 ***150.00

0629652

Principal Place of Business

1401 WEST BLISS STREET
AVON PARK FL 33825

Mailing Address

1401 WEST BLISS STREET
AVON PARK FL 33825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1459674

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLELLAN, JOHN F.
1401 WEST BLISS STREET
AVON PARK FL 33825

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME MCCLELLAN, JOHN F.
STREET ADDRESS 1401 WEST BLISS STREET
CITY-ST-ZIP AVON PARK FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DT ☐ Delete
NAME MCCLELLAN, SHERYL
STREET ADDRESS 1401 WEST BLISS STREET
CITY-ST-ZIP AVON PARK FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DVP ☐ Delete
NAME EWING, LOREN
STREET ADDRESS RT 2 BOX 174C
CITY-ST-ZIP ZOLFO SPRINGS FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DS ☐ Delete
NAME EWING, JUDY
STREET ADDRESS RT 2 BOX 174C
CITY-ST-ZIP ZOLFO SPRINGS FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME MCCLELLAN, BLISS
STREET ADDRESS 1401 W BLISS ST
CITY-ST-ZIP AVON PARK FL 33825TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME MCCLELLAN, ZEAH
STREET ADDRESS 1401 WEST BLISS STREET
CITY-ST-ZIP AVON PARK FL 33825TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)