


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90158 023 \*\*\*150.00

**DOCUMENT # 622801**

1. Entity Name  
**E.A. MCLEOD, INC.**



Principal Place of Business  
**1105 N PALM AVE  
FROSTPROOF FL 33843-0447**

Mailing Address  
**1105 N PALM AVE  
FROSTPROOF FL 33843-0447**

2. Principal Place of Business  
**823 N LAKE READY BLVD**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

City & State  
**FROSTPROOF, FL**

City & State

Zip  
**33843**

Country  
**USA**

Zip  
**33843**

Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCLEOD, E A  
1105 NORTH PALM  
FROSTPROOF FL 33843**

7. Name and Address of New Registered Agent

Name  
**JACOB C. DYKHOORN**

Street Address (P.O. Box Number is Not Acceptable)  
**130 E. CENTRAL AVE.**

**LAKE WALKER**

City  
**FL**

Zip Code  
**33853**

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 *Jacob C. Dykhoorn* DATE 4-18-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 <b>PD</b>	NAME <b>MCLEOD, E. A.</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>P. O. BOX 237 N/A</b>	CITY-ST-ZIP <b>FROSTPROOF FL</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>PSTD</b>	NAME <b>WANDA LANCFORD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>823 N LAKE READY BLVD</b>	CITY-ST-ZIP <b>FROSTPROOF, FL 33843</b>	
TITLE <b>VP</b>	NAME <b>DEAN LANCFORD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>823 LAKE READY BLVD</b>	CITY-ST-ZIP <b>FROSTPROOF, FL 33843</b>	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Wanda Lanchford* DATE 4/18/03 DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)