

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90133 002 \*\*\*150.00

**DOCUMENT # 556569**  
 1. Entity Name  
**JM CLEARWATER CORPORATION**

Principal Place of Business      Mailing Address  
**120 GULFWINDS DRIVE, EAST**      **120 GULFWINDS DRIVE, EAST**  
**PALM HARBOR FL 34683**      **PALM HARBOR FL 34683**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**2259 COSTA RICAN DR APT 9**  
 City & State      City & State  
**CLEARWATER, FL 33763**  
 Zip      Country      Zip      Country  
**PINELLAS**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1786255**      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

**PFAUTH, MARTHA**  
**120 GULFWINDS DRIVE, EAST**  
**PALM HARBOR FL 34683**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2259 COSTA RICAN DRIVE APT 9**  
 City **CLEARWATER**      **FL**      Zip Code **33763**

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PFAUTH, MARTHA</b> <b>120 GULFWINDS DRIVE, EAST</b> <b>PALM HARBOR FL 34683</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2259 COSTA RICAN DRIVE APT 9</b> <b>CLEARWATER, FL 33763</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Martina Pauth*      **MARTHA PFAUTH**      *MA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 21 2001*      *727-712-3699*  
Date      Daytime Phone #

CR2E034 (10/00)