

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90075 034 ***150.00

DOCUMENT # 556569

1. Entity Name
JM CLEARWATER CORPORATION

Principal Place of Business
**120 GULFWINDS DRIVE. EAST
 PALM HARBOR FL 34683**

Mailing Address
**2259 COSTA RICAN DRIVE APT 9
 CLEARWATER FL 33763**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2259 COSTA RICAN DRIVE
 Suite, Apt. #, etc.
APT. 9

3. Mailing Address
 Suite, Apt. #, etc.

City & State
CLEARWATER, FLORIDA
 Zip Country
33763 PINELLAS

City & State
 Zip Country

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
 2259 COSTA RICAN DRIVE APT 9
 CLEARWATER FL 33763**

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 _____ 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME PFAUTH, MARTHA STREET ADDRESS 2259 COSTA RICAN DRIVE APT 9 CITY-ST-ZIP CLEARWATER FL 33763	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Marttha Pauth **MARTHA PFAUTH** April 22 2002 723-712-3699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)