

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90018 031 \*\*\*150.00

0606194 AT

**DOCUMENT # 847966**  
 1. Entity Name  
**ST. CLAIR CORPORATION, INC.**

Principal Place of Business      Mailing Address  
**279 TRACE RIDGE**      **279 TRACE RIDGE**  
**BIRMINGHAM AL 35244**      **BIRMINGHAM AL 35244**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*5182 Greystone Way*      *5182 Greystone Way*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Birmingham, AL*      *Birmingham, AL*  
 Zip      Country  
*35242*      *ALABAMA*

4. FEI Number      Applied For  
**59-2011515**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STONEBURNER, GRESHAM R**  
**225 WATER STREET STE 2050**  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent  
 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]*      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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SUTHERLIN, STEPHEN M.</b> <b>279 TRACE RIDGE</b> <b>BIRMINGHAM AL 35244</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>AMARI, RICHARD S.</b> <b>96 WILLARD ST., STE #302</b> <b>COCOA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PAYNE, ROBERT W.</b> <b>269 SOUTH 7TH STREET</b> <b>GADSDEN FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUTHERLIN, GEORGE A.</b> <b>289 WEST PACES FERRY RD</b> <b>ATLANTA GA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUTHERLIN, KAREN B.</b> <b>302 W FLETCHER AVE</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>STEPHEN M. SUTHERLIN</i> <i>5182 Greystone Way</i> <i>BIRMINGHAM, AL 35242</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or empowered.

SIGNATURE: *[Signature]*      **REQUIRED**      *1/9/02*      *205-305-4777*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)