

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90068 007 ***150.00

DOCUMENT # 847966



1. Entity Name
ST. CLAIR CORPORATION, INC.

Principal Place of Business
**5182 GREYSTONE WAY
BIRMINGHAM AL 35242**

Mailing Address
**5182 GREYSTONE WAY
BIRMINGHAM AL 35242**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2011515**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STONEBURNER, GRESHAM R
225 WATER STREET STE 2050
JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUTHERLIN, STEPHEN M.	
STREET ADDRESS	5182 GREYSTONE WAY	
CITY-ST-ZIP	BIRMINGHAM AL 35242	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AMARI, RICHARD S.	
STREET ADDRESS	96 WILLARD ST., STE #302	
CITY-ST-ZIP	COCOA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAYNE, ROBERT W.	
STREET ADDRESS	269 SOUTH 7TH STREET	
CITY-ST-ZIP	GADSDEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTHERLIN, GEORGE A.	
STREET ADDRESS	289 WEST PACES FERRY RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTHERLIN, KAREN B.	
STREET ADDRESS	302 W FLETCHER AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/03 *205-981-3891*

Date

Daytime Phone #

CR2E034 (10/02)