

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90142 016 ***150.00

MMSE07 AV

DOCUMENT # G06991

1. Entity Name

CLEMENTS AND ASSOCIATES, INC. OF TALLAHASSEE

Principal Place of Business

**3113 CAPITAL MEDICAL BLVD.
 TALLAHASSEE FL 32308
 US**

Mailing Address

**P.O. BOX 13387
 TALLAHASSEE FL 32317-3387
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2224249

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

**CLEMENTS, BARBARA H.
 3113 CAPITAL MEDICAL BLVD.
 TALLAHASSEE FL 32308**

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ PD ☐ Delete
 NAME **CLEMENTS, BARBARA H**
 STREET ADDRESS **5401 EASTON POINT WAY**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ T ☐ Delete
 NAME **LAURA S. BARSTOW**
 STREET ADDRESS **1851 WAGON WHEEL CIRCLE E.**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ V ☐ Delete
 NAME **BROOKS, CHRISTOPHER**
 STREET ADDRESS **605 CHINQUAPIN ROAD**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE ☒ ☐ Change ☒ Addition
 NAME **TODD HENRY ELLIOTT**
 STREET ADDRESS **1549 WILLOW BEND WAY APT 458**
 CITY-ST-ZIP **TALLAHASSEE, FLORIDA 32301**

TITLE ☐ ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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: Barbara H Clements REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)