

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90143 007 ***150.00

DOCUMENT # L65407

1. Entity Name

CLEW, INC.

Principal Place of Business

Mailing Address

C/O CLIFFORD WOODLIFF
 BOX 181
 LEHIGH ACRES FL 33970

C/O CLIFFORD WOODLIFF
 BOX 181
 LEHIGH ACRES FL 33970-0181

2. Principal Place of Business

3. Mailing Address

1409 Broadway Ave

1409 Broadway Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

City & State

Lehigh Acres FL

4. FEI Number

65-0188356

Applied For

Not Applicable

Zip

33972

Country

USA

Zip

33972

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODLIFF, CLIFFORD
904 LEE BLVD, STE 104
LEHIGH ACRES FL 33936

Name

LAURA WOODLIFF

Street Address (P.O. Box Number is Not Acceptable)

1409 BROADWAY AVE

City

LEHIGH ACRES

FL

Zip Code *33972*

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 *Laura J. Woodliff*

LAURA J. WOODLIFF

4/23/00

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, 2000 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 **DPTS** Delete
 NAME **WOODLIFF, CLIFFORD**
 STREET ADDRESS **904 LEE BLVD, STE 104**
 CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE *LAURA J. WOODLIFF* Change Addition
 NAME *PTS*
 STREET ADDRESS *1409 BROADWAY AVE*
 CITY-ST-ZIP *Lehigh Acres FL 33972*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

Laura J. Woodliff **JOINED Resident**

4/23/00

941.369.2026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)