

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65407

1. Entity Name

CLEW, INC.

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

05-03-2000 90143 007 ***150.00

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

Zip

33972

Country

USA

Zip

33972

Country

USA

4. FEI Number

65-0188356

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE:

Laura J. Woodliff, President

4/23/00

941.369.2026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)