

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90068 023 ***150.00

DOCUMENT # P00000034746	
1. Entity Name CLC SERVICES INC.	

Principal Place of Business 781 OSPREY DR PORT ORANGE FL 32127	Mailing Address 781 OSPREY DR PORT ORANGE FL 32127
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2. Principal Place of Business 3825 Cardinal Blvd. Suite, Apt. #, etc.	3. Mailing Address 3825 Cardinal Blvd. Suite, Apt. #, etc.
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City & State Port Orange, Fl	City & State Port Orange, Fl
Zip 32127	Zip 32127
Country USA	Country USA

4. FEI Number 59-3637078	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARUSO, CHAD L 781 OSPREY DR PORT ORANGE FL 32127

7. Name and Address of New Registered Agent Name Caruso, Chad L Street Address (P.O. Box Number is Not Acceptable) 3825 Cardinal Blvd. City Port Orange FL Zip Code 32127

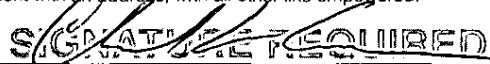
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4-8-03
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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
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10. OFFICERS AND DIRECTORS	
TITLE PVT NAME CARUSO, CHAD L STREET ADDRESS 781 OSPREY DR CITY-ST-ZIP PORT ORANGE FL 32127	☒ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PVPTS NAME Caruso, Chad L STREET ADDRESS 3825 Cardinal Blvd. CITY-ST-ZIP Port Orange, Fl. 32127	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-8-03	Daytime Phone # 386-295-903
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CR2E034 (10/02)