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	Mailing Address
781 OSPREY DR PORT ORANGE FL 32127	781 OSPREY DR PORT ORANGE FL 32127

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3825 Cardinal Blvd.	3825 Cardinal Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Orange, Fl	City & State: Port Orange, Fl
Zip: 32127 Country: USA	Zip: 32127 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	7. Name and Address of New Registered Agent
CARUSO, CHAD L 781 OSPREY DR PORT ORANGE FL 32127	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 _____ 4-8-03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVT CARUSO, CHAD L 781 OSPREY DR PORT ORANGE FL 32127	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS CARUSO, CHAD L 781 OSPREY DR PORT ORANGE FL 32127	☐ Delete	PVPTS Caruso, Chad L 3825 Cardinal Blvd. Port Orange, Fl. 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 4-8-03 386-295-9103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #