2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90191 012 ***150.00

DOCUMENT # P01000006650

1. Entity Name
CLEAR LAKE TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
600 SANDTREE DR STE 206-A PALM BCH GARDENS FL 33403	P.O.BOX 30249 W PALM BCH FL 33420-0249

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
420 W. Boynton Beach Blvd		P.O. Box 243842	
Suite, Apt. #, etc.: Suite 202		Suite, Apt. #, etc.	
City & State: Boynton Beach		City & State: Boynton Beach	
Zip: 33435	Country: USA	Zip: 33424	Country: USA

4. FEI Number: 65-1069754 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOODEEN, SHAMIROON M
600 SANDTREE DR STE 206-A
PALM BCH GARDENS FL 33403

7. Name and Address of New Registered Agent

Name: SHAMIROON M. SOODEEN
Street Address (P.O. Box Number is Not Acceptable): 420 W. Boynton Beach Blvd #202
City: Boynton Beach **FL** Zip Code: 33435

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: Shamiroon M. Soodeen DATE: 4/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D SOODEEN, SHAMIROON M 600 SANDTREE DR STE 206-A PALM BCH GARDENS FL 33403	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: Shamiroon M. Soodeen 4/15/02 561-702-8395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #