
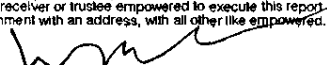


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91779 002 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000022004			
1. Entity Name CLOC, INC.			
Principal Place of Business 6523 BURNHAM CIR. PONTE VEDRA BCH, FL 32082		Mailing Address 6523 BURNHAM CIR. PONTE VEDRA BCH, FL 32082	
2. Principal Place of Business 6215 Wilson Blvd. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7779 Suite, Apt. #, etc.	
City & State Jacksonville, FL 32210		City & State Jacksonville, FL	
Zip 32210	Country	Zip 32238	Country
4. FEI Number 01-0627881		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRABTREE, R.R. 8777 SAN JOSE BLVD., BLDG. A, SUITE 200 JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when existing)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD HALL, PIKE III <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, PIKE III	NAME	138 Muirfield Drive
STREET ADDRESS	6523 BURNHAM CIR.	STREET ADDRESS	Ponter Vedra Beach, FL 32082
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	CITY-ST-ZIP	
TITLE	VD TOWERS, W.B. JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWERS, W.B. JR.	NAME	
STREET ADDRESS	6215 WILSON BLVD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	STD TOWERS, JOHN B <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWERS, JOHN B	NAME	
STREET ADDRESS	6215 WILSON BLVD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 602, 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: 		W.B. Towers, Jr. 4-30-03 904/778-1888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Definite Phone #	



11041249



CHECK HERE IF MAKING CHANGES

CR2E034 (1/01/02)