

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90098 014 \*\*\*150.00

**DOCUMENT #** P02000103550

**1. Entity Name**  
CLT PROPERTIES, INC.



**Principal Place of Business**

5482 COUNTY RD. 249  
LIVE OAK FL 32060

**Mailing Address**

5482 COUNTY RD. 249  
LIVE OAK FL 32060

**2. Principal Place of Business**

5608 CR 249

Suite, Apt. #, etc.

**3. Mailing Address**

5608 CR 249

Suite, Apt. #, etc.

**City & State**

LIVE OAK, FL

**City & State**

LIVE OAK, FL

**Zip**

**Country**

32060

Swansee

**Zip**

**Country**

32060

Swansee

**4. FEI Number**

54-2076479

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

TOWNSEND, CLIFFORD D  
2622 COUNTY RD. 249  
LIVE OAK FL 32060

**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**

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**

**TITLE** D ☐ Delete  
**NAME** TOWNSEND, DONALD L JR.  
**STREET ADDRESS** 17539 24TH ST.  
**CITY-ST-ZIP** LIVE OAK FL 32060

**TITLE** D ☐ Delete  
**NAME** TOWNSEND, CLIFFORD D  
**STREET ADDRESS** 2622 COUNTY RD. 249  
**CITY-ST-ZIP** LIVE OAK FL 32060

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
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**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**TITLE** ☐ Change ☐ Addition  
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**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 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:**

*Clifford D. Townsend*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifford D. Townsend

Date

Daytime Phone #

CR2E034 (10/02)