

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000073468**

1. Entity Name

C.R. KLEWIN SOUTHEAST, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90155 019 ***158.75

Principal Place of Business

**NORTHPOINT CORPORATE CENTER
701 NORTHPOINT PARKWAY, SUITE 215
WEST PALM BEACH FL 33407**

Mailing Address

**NORTHPOINT CORPORATE CENTER
701 NORTHPOINT PARKWAY, SUITE 215
WEST PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1500722

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32302**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

1. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEWIN, CHARLES R 40 CONNECTICUT AVE. NORWICH CT 06360 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D'AMATO, MICHAEL 40 CONNECTICUT AVE. CONNECTICUT FL 06360 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ULLRICH, JACK R 701 NORTHPOINT PARKWAY, STE. 215 WEST PALM BEACH FL 33407 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLEWIN, TYLER G 40 CONNECTICUT AVENUE NORWICH CT 06360 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer McLure, Vincent 40 Connecticut Avenue Norwich, CT 06360 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director D'Amato, Michael 40 Connecticut Avenue Norwich, CT 06360 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

3. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)