

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90002 033 ***150.00

DOCUMENT # P99000000151

1. Entity Name
CLEMENTS PUBLISHING COMPANY

Principal Place of Business 3390 ISABELLA BLVD. JACKSONVILLE BEACH FL 32250	Mailing Address 3390 ISABELLA BLVD. JACKSONVILLE BEACH FL 32250-3800
---	--

2. Principal Place of Business 1510 S. 2nd St. Suite, Apt. #, etc. A	3. Mailing Address P.O. Box 51000 Suite, Apt. #, etc.
---	---

City & State Jacksonville Beach, FL	City & State Jacksonville Beach, FL
Zip 32250	Zip 32240
Country Duval	Country Duval

4. FEI Number 59-3550480	Applied For <input type="checkbox"/> 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

CLEMENTS, MICHAEL A
 1222 NORTH 21ST STREET
 JACKSONVILLE BEACH FL 32250

Name
Street Address (P.O. Box Number is Not Acceptable)
3390 Isabella Blvd.
City Jacksonville Beach FL Zip Code 32250

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 *Michael A. Clements*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/00
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, 2000 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	President Michael A. Clements 3390 Isabella Blvd. Jacksonville Beach, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lolita M. Clements 3390 Isabella Blvd. Jacksonville Beach, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lolita M. Clements*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Lolita M. Clements

4/28/00
DATE

904-249-0773
Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE