2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Aug 13, 2003 8:00 am Secretary of State		
DOCU	MENT # P99000	0001830	S THE				
1. Entity Nam	ne	7			08-13-2003 90075 027 ***550	.00	
CLM PRO	OPERTIES, INC.	√					
Principal Place 3610 FISCAL RIVIERA BEAC US	- ·	Mailing Address 3610 FISCAL COURT RIVIERA BEACH FL 33404 US	,		tion of the file o		
2. Principal Place of Business 1080 5.W 20 44 AVE 1080 5.W. Suite, Apt. #, etc. 3. Mailing Address 1080 5.W. Suite, Apt. #, etc.			20th AV	٤	☐ CHECK HERE IF MAKING CHANGES		
City & State RAYON FL GOLA RAYON			v, FL		4. FEI Number 65-0905644	opplied For	
3348	Chuntry	Zio 33486	Country USA		5. Certificate of Status Desired \$8.75 Ac Fee Requir	iditional	
	6. Name and Address of Current Re	gistered Agent	- 17		7. Name and Address of New Registered Agent		
					(P.O. Box Number is Not Acceptable)		
BOCA RA		City	80	S.W. 20TH ANE	de .///		
	named entity submits this statement for t	he purpose of changing its r		r registere	red agent, or both, in the State of Florida. I am familiar with	3486 <u> </u>	
SIGNATURE	Signature, typed or printed name of régistered agent and	MIND FRANK title if applicable. (NOTE:	K R MAA Registered Agent signat		PRESIDENT 8-11-03 Owten reinstating) DATE		
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.0 k Payable to Florida Department of S	0		<u></u> .	· · · · · · · · · · · · · · · · · · ·	00 May Be ed to Fees	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARINO, FRANK R 1080 SW 20TH AVE BOCA RATON FL 33486	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE	ESIOENT - DIRETOR X Change	☐ Addition	
TITLE NAME STREET ADDRESS	PD CRADDOCK, J. DAVID 6914 141ST LANE	Delete	TITLE NAME STREET ADDRESS	ROB	E PRESIDENT - OIRECTOR Change BERT LEONE 217 INTRACOASTAL DR.	Addition	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		CITY-ST-ZIP	H161	CHLANO BEACH, FL 3348	7	
NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change	Addition	
CITY-ST-ZIP			CITY-ST-ZIP	ļ			
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change .	Addition	
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP ·		<u> </u>		
TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME		☐ Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
indicated of the cor	on this report or supplemental report is tre	ue and accurate and that my	y signature shall h	ave the sa	ection 119.07(3)(i), Florida Statutes. I further certify that the same legal effect as if made under oath; that I am an office 7, Florida Statutes; and that my name appears in Block 10 o	r or director	

SIGNATURE: