

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90167 042 \*\*\*150.00

DOCUMENT # **P99000103164**



1. Entity Name  
**CLERMONT ACQUISITION CORPORATION**

Principal Place of Business

~~2600 DOUGLAS RD., STE. 911~~  
~~CORAL GABLES FL 33134~~

Mailing Address

~~2600 DOUGLAS RD., STE. 911~~  
~~CORAL GABLES FL 33134~~

2. Principal Place of Business

~~1177 KANE CONCOURSE~~ **1177 Kane Concourse**  
Suite, Apt., #, etc.

~~222~~ **222**

City & State

~~BAY HARBOR FL~~ **BAY HARBOR FL**

City & State

~~BAY HARBOR FL~~ **BAY HARBOR FL**

Zip **33154**

Country **USA**

Zip **33154**

Country

4. FEI Number **65-0965291**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GREEN FIELD, ALAN E ESQ.**  
**2600 DOUGLAS RD., STE. 911 908**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

**Suite 908**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>PSTD GADINSKY, EDWARD</b>	<b>2600 DOUGLAS RD., STE. 911</b>	<b>CORAL GABLES FL 33134</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>PSTD GADINSKY EDWARD</b>	<b>1048 KANE CONCOURSE</b>	<b>BAY HARBOR FL 33154</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/9/03**

CR2E034 (10/02)