

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90093 031 \*\*\*150.00

**DOCUMENT # V31911**

1. Entity Name

**CLEVER INVESTMENTS, INC.**

**DO NOT WRITE IN THIS SPACE**

**850963**

2. Principal Place of Business

**250 Park Avenue South**

3. Mailing Address

**PO Box 880**

Suite, Apt. #, etc.

**Suite 500**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Winter Park, FL**

City & State

**Winter Park, FL**

4. FEI Number

**59-3127595**

Applied For

Not Applicable

Zip

**32789**

Country

**US**

Zip

**32790-0880**

Country

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**William A. Walker II**

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

**2171 Glencoe Road**

City

**Winter Park**

**FL**

Zip **32789**

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

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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPTS</b> <b>William A. Walker II</b> <b>2171 Glencoe Road</b> <b>Winter Park, FL 32789</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>Debbie Fricke</b> <b>2171 Glencoe Road</b> <b>Winter Park, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Debbie Fricke*

**Debbie Fricke, Asst Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)