

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 147240

1. Entity Name

CLAIR-MEL BUILDERS, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90057 024 ***158.75

Principal Place of Business

Mailing Address

C/O NATIONSBANK, N.A.
P.O. BOX 31813
TAMPA FL 33631

C/O DERMOTT J. TRACEY, CPA
11321 N OLA AVENUE
TAMPA FL 33612-5641

2. Principal Place of Business

CP BANK OF AMERICA

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 31813

City & State

City & State

TAMPA, FL

Zip

Country

33631

4. FEI Number

59-0555377

Applied For

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

TRACEY, DERMOTT J CPA
11321 N OLA AVENUE
TAMPA FL 33612

Name

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

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.

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, 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 PT ☒ Delete
NAME LARSEN, CLARICE
STREET ADDRESS 3501 BAYSHORE BLVD, APT 906
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LARSEN, CLARICE
STREET ADDRESS 3501 BAYSHORE BLVD, APT 906
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME TRACEY, DERMOTT J.
STREET ADDRESS 11321 N OLA AVENUE
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME P, T, D, C
STREET ADDRESS THALER, GEORGE
CITY-ST-ZIP 1401 LOFFLER COURT
CHIPPewa FALLS, WI 54729-1955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME V, S, D
STREET ADDRESS SHELTON, LEE
CITY-ST-ZIP CP BANK OF AMERICA
P.O. BOX 31813
TAMPA, FL 33631

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lee A. Shelton Vice President

3/21/00 214-209-2780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)