## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am DOCUMENT # 204280 **Secretary of State** 1. Entity Name All Control **CLEVENGER CORPORATION** 02-11-2002 90148 025 \*\*\*150.00 CHARACTE CAPILLY S. Mailing Address Principal Place of Business 10718 TUCKER ST. 10718 TUCKER ST. PO BOX 367 PO BOX 367 BELTSVILLE MD 20704-7367 BELTSVILLE MD 20704-7367 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 52-0702240 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLBRITTON, OWEN S., ESQ. Street Address (P.O. Box Number is Not Acceptable) 425 SOUTH GARDEN AVENUE **CLEARWATER FL 33516** 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) The state of the s FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01)☐ Addition TITLE ☐ Delete TITLE CLEVENGER, CLIFTON, JR NAME NAME CR2E034 STREET ADDRESS 10718 TUCKER STREET STREET ADDRESS CITY-ST-ZIP BELTSVILLE MD CITY-ST-ZIP Addition VΡ ☐ Change ☐ Detete TITLE TITLE ALBRIGHT, RODNEY NAME NAME 10718 TUCKER ST. STREET ADDRESS STREET ADDRESS **BELTSVILLE MD** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE CLEVENGER, DAVID NAME 10718 TUCKER STREET STREET ADDRESS STREET ADDRESS BELTSVILLE MD CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIPV TITLE 🔆 TITLE ( ) ( ) ( ) NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

FILED