

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 295971

1. Entity Name

CLAIRSON INTERNATIONAL CORPORATION

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90047 020 ***150.00

Principal Place of Business

650 S.W. 27TH AVENUE
OCALA FL 34474
US

Mailing Address

P.O. BOX 4400
OCALA FL 34478-4400
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1148072

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 VP
NAME LOVELADY, ERNIE
STREET ADDRESS 8000 W. FLORISSANT
CITY-ST-ZIP ST. LOUIS MO 63136-8506 ☒ Delete

TITLE VP
NAME D.C. Moon
STREET ADDRESS 8000 W. Florissant Ave
CITY-ST-ZIP St Louis, MO 63136-8506 ☐ Change ☒ Addition

TITLE P
NAME CLEMENTS, ROB
STREET ADDRESS 650 S.W. 27TH AVENUE
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

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

TITLE T
NAME DELLAQUILA, FRANK
STREET ADDRESS 8000 W. FLORISSANT
CITY-ST-ZIP ST. LOUIS MO 63136-8506 ☐ Delete

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

TITLE S
NAME SMITH, H.M.
STREET ADDRESS 8000 W. FLORISSANT
CITY-ST-ZIP ST. LOUIS MO 63136-8506 ☐ Delete

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

TITLE D
NAME BAUER, C.T.
STREET ADDRESS 8000 W. FLORISSANT
CITY-ST-ZIP ST. LOUIS MO 63136-8506 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00

Date

Daytime Phone #

CR2E034 (9/99)