

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90026 026 \*\*\*150.00

**DOCUMENT # 461307**

1. Entity Name  
**CLW, INC.**

Principal Place of Business  
**3828 MANATEE AVENUE WEST**  
**BRADENTON FL 34205**

Mailing Address  
**3828 MANATEE AVENUE WEST**  
**BRADENTON FL 34205**

**C0040325**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6404 MANATEE AV. W.**

3. Mailing Address  
**6404 MANATEE AV. W.**

Suite, Apt. #, etc.  
**Suite T**

Suite, Apt. #, etc.  
**Suite T**

City & State  
**BRADENTON FL**

City & State  
**BRADENTON FL**

4. FEI Number  
**59-1548419**

Applied For  
☐ Not Applicable

Zip  
**34209**

Country  
**USA**

Zip  
**34209**

Country  
**USA**

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**

**HAZEL (HORNE), HERBERT**  
**3715 14TH ST W**  
**#324**  
**BRADENTON FL 34205**

Name  
**JEANNINE WILDER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3907 10TH AV. DR. W.**

City **BRADENTON** **FL** Zip Code **34205**

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 *Jeannine Wilder*  
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/12/01**  
 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, 2001 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  
**VST**  
 NAME  
**WILDER, JEANNINE**  
 STREET ADDRESS  
**3907 10TH AVE DR W**  
 CITY-ST-ZIP  
**BRADENTON FL**

TITLE  
**PRES**  
 NAME  
**WILDER JEANNINE**  
 STREET ADDRESS  
**3907 10TH AV DR W**  
 CITY-ST-ZIP  
**BRADENTON FL 34205**

TITLE  
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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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE *Jeannine Wilder*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/15/01 9417614480**

CR2E034 (10/00)