

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 695337

1. Entity Name

C.L.O.E., INC.

FILED

Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90028 006 \*\*\*150.00

Principal Place of Business

4444 SHERWOOD FOREST DRIVE  
TITUSVILLE FL 32796-1118

Mailing Address

4444 SHERWOOD FOREST DRIVE  
TITUSVILLE FL 32796-4118

2. Principal Place of Business

365 BAYTREE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

365 BAYTREE DRIVE

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

4. FEI Number

59-2161368

Applied For

Not Applicable

Zip

32940

Country

USA

Zip

32940

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITE, E.E. JR.  
569 CRYSTAL LAKE RD.  
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

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

TITLE D  
NAME FOW, R.E.  
STREET ADDRESS 1495 NEWFOUND HARBOR DRIVE  
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

TITLE TD  
NAME PARKER, M.J.  
STREET ADDRESS 4444 SHERWOOD FOREST DR  
CITY-ST-ZIP TITUSVILLE FL ☐ Delete

TITLE PD  
NAME WHITE, E.E., JR.  
STREET ADDRESS 569 CRYSTAL LAKE DR  
CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS 365 BAYTREE DRIVE  
CITY-ST-ZIP MELBOURNE FL 32940 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32940 ☒ Change ☐ Addition

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

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

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: MARION J. PARKER *Marion J. Parker* 3/21/00 321-751-0846  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2003A (9/00)