## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#763316** 

FILED Feb 13, 2003 Secretary of State

Entity Name: CLAY STREET CENTER COMMERCIAL CONDOMINIUM NO. 1,INC.

Current Principal Place of Business: New Principal Place of Business:

1254 S JOHN YOUNG PKWY KISSIMMEE, FL 34741 US

Current Mailing Address: New Mailing Address:

1254 S JOHN YOUNG PKWY KISSIMMEE, FL 34741 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHALIFOUX, THOMAS E JR
1254 S JOHN YOUNG PKWY
KISSIMMEE, FL 34741

CHALIFOUX, THOMAS E JR.
3500 OLD TAMPA HWY.
KISSIMMEE, FL 34741

US

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: THOMAS E. CHALIFOUX, JR. 02/13/2003

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:CHALIFOUX, THOMAS E., , JRName:CHALIFOUX, THOMAS E JR.Address:2311 INDIAN MOUND TR.Address:3500 OLD TAMPA HWY.City-St-Zip:KISSIMMEE, FL 34741 US

Title: VD () Delete Title: VD (X) Change () Addition Name: CHALIFOUX, CAROLYN A, Name: CHALIFOUX, CAROLYN A

 Address:
 2311 INDIAN MOUND TR.
 Address:
 3500 OLD TAMPA HWY.

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 KISSIMMEE, FL 34741

 $\label{eq:title:std} \textit{Title:} \qquad \textit{STD} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{STD} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$ 

 Name:
 COUTURE, RENE A., JR, .
 Name:
 COUTURE, RENE A JR.

 Address:
 1720 KINGS HWY
 Address:
 1720 KINGS HWY

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:
 KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. CHALIFOUX, JR. PD 02/13/2003