

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000793**

1. Entity Name
CLEMSCRA ENTERPRISES, LTD.

FILED

01 AUG 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10878 WILES RD.
CORAL SPRINGS FL 33076

Mailing Address
10878 WILES RD.
CORAL SPRINGS FL 33076

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number 65-0499557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WHITE, ROBERT A
1401 UNIVERSITY DR.
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name **Ken Jones**
Street Address (P.O. Box Number is Not Acceptable)
1333 S. University Dr. Suite 201
City **Plantation** FL Zip Code **33324**

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 *Thomas W. Adams* DATE **7-25-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$33,507.00	10. Amount of Capital Contributions in FLORIDA to date. 33,507.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000038621	STREET ADDRESS	
NAME	LAUSIN, INC.	CITY-ST-ZIP	311.25-4P
STREET ADDRESS	10878 WILES RD.	STREET ADDRESS	88.75-Adm
CITY-ST-ZIP	CORAL SPRINGS FL 33063	CITY-ST-ZIP	400.00-CRA
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	8000004553148--2
STREET ADDRESS			-08/24/01--01009--005
CITY-ST-ZIP			***726.75 ***726.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Thomas W. Adams* **7-25-01** **154 340-1999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/01)