

2002 UNIFORM BUSINESS REPORT (UBR)

0009600 AT

DOCUMENT # A94000000793

1. Entity Name
CLEMSCRA ENTERPRISES, LTD.

FILED
02 APR 16 PM 4: 05
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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number **65-0499557**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JONES, KEN
1333 S. UNIVERSITY DR., STE. 201
PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$33,507.00**

10. Amount of Capital Contributions in FLORIDA to date. **33507-**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # NAME STREET ADDRESS CITY-ST-ZIP	P94000038621 LAUSIN, INC. 10878 WILES RD. CORAL SPRINGS FL 33063	STREET ADDRESS CITY-ST-ZIP	200005327872--5 -04/23/02--01078--005 *****326.75 *****326.75 ALT
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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. Small* **4-8-02** **954-545-4504**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)