

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

0529634 AV

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1. Entity Name
CLEARLY THE BEST ENTERPRISES INC.

02-27-2003 90716 001 ****8.75
02-27-2003 90716 002 ***150.00

Principal Place of Business
**25061 NECTOR CT.
PUNTA GORDA FL 33983**

Mailing Address
**25061 NECTOR CT.
PUNTA GORDA FL 33983**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0986998**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**BOYD, WALTER B
2405 TISEO BLVD BLDG I UNIT 5
PORT CHARLOTTE FL 33952**

Name **WALTER B BOYD**
Street Address (P.O. Box Number is Not Acceptable) **25061 NECTAR CT.
Punta GORDA**
City **FL** Zip Code **33983**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Walter B Boyd*

DATE **2/20/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCTD	<input type="checkbox"/> Delete
NAME	BOYD, WALTER B	
STREET ADDRESS	25061 NECTAR CT.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BOYD, TINA M	
STREET ADDRESS	25061 NECTAR CT.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tina M Boyd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/20/03** DAYTIME PHONE # **941 628 006**

CR2E034 (10/02)