2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90002 021 ***150.00

DOCUMENT # F00000004377

1. Entity Name
CLEARWATER SERVICES OF IDAHO, INC.

Principal Place of Business	Mailing Address
2411 E. HARRISON AVE COEUR D'ALENE ID 83814	2411 E. HARRISON AVE COEUR D'ALENE ID 83814

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2411 E. HARRISON AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COEUR d'ALENE, Id.	City & State: COEUR d'ALENE, Id.
Zip: 83814 Country: KOOTENAI	Zip: 83814 Country: KOOTENAI

4. FEI Number 82-0519167 ☐ Applied For ☐ Not Applicable

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
GUINN, DAVID L 6513 GREEN ROAD LAKELAND FL 33810	Name: DAVID L. GUINN Street Address (P.O. Box Number is Not Acceptable): 6513 GREEN ROAD City: LAKELAND FL FL Zip Code: 33810

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STROUD, PATRICK M		NAME	
STREET ADDRESS	2411 E. HARRISON AVE		STREET ADDRESS	
CITY-ST-ZIP	COEUR D'ALENE ID 83814		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STROUD, CYNTHIA M		NAME	
STREET ADDRESS	2411 E. HARRISON AVE		STREET ADDRESS	
CITY-ST-ZIP	COEUR D'ALENE ID 83814		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/00)

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: [signature] April 25th 2001 208 765-8927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #