2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90364 044 ***150.00

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DOCUMENT # F00000004377

1. Entity Name
CLEARWATER SERVICES OF IDAHO, INC.

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

Mailing Address
2411 E. HARRISON AVE
COEUR D'ALENE ID 83814

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 2501 SHERMAN AVE
Suite, Apt. #, etc.: #227
City & State: COEUR d'ALENE, Idaho
Zip: 83814 Country: U.S.A.

3. Mailing Address: P.O. Box 982
Suite, Apt. #, etc.:
City & State: COEUR d'ALENE Idaho
Zip: 83816 Country: U.S.A

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

GUINN, DAVID L
6513 GREEN ROAD
LAKELAND FL 33810

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

SIGNATURE ______________________________
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STROUD, PATRICK M 2411 E. HARRISON AVE COEUR D'ALENE ID 83814 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] PATRICK M. STROUD — april 25th — 2087658927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)