## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** F01000003400

SIGNATURE:

CLYDESDALE CAPITAL INVESTMENTS, INC.



May 01, 2003 8:00 am Secretary of State

05-01-2003 90318 016 \*\*\*150.00

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Principal Place of Business 10305 U.S. ONE SEBASTIAN FL 32958		Mailing Address 10305 U.S. ONE SEBASTIAN FL 32958										
Principal Place of Business 3. Mailing Address					.—							
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u> </u>				CHECK HERI	E IF MAKIN	NG CHANGES	;	
City & State City			City & State		4. FEI Number 65-1133760				<b>⊢</b> -+-	oplied For lot Applicable		
Zip	Zip Country Zip			Count	untry 5. Certificate of Status Desired				\$8.75 Additional Fee Required			
	6. Name and	Address of Current Re	gistered Agent				7. N	ame and Add	ress of New	Registere	d Agent	
					Name							
KLEKAMP, 161 SHOR					Street Ad	ldress (F	P.O. Bo	ox Number is f	Not Acceptab	le)	<del></del>	
	CH FL 32963				1561		_ 11					
TENO DENOTITE GEOGR				1561 Mizell Avenue   CWinter Park   FL   319786							 de	
	='											·
8. The above the obligation	named entity subi ons of registered :	mits this statement for t agent.	ne purpose of changing its	registere	ed office or i	registere	ed age	ent, or both, in	the State of F	lorida. Lar	n familiar with	, and accept
SIGNATURE 4	Alea Co	n Kekam	Complete title if applicable. (NOTI	E: Registered	Agent signatur	e required	When rein	tanp.		4 DATE	1-38-03	3
After		E IS \$150.00 be will be \$550.00 rida Department of S	itate						n Campaign F Ind Contribut	_		00 May Be d to Fees
10.		OFFICERS AND DI	RECTORS	11.			ADI	DITIONS/CHA	NGES TO OF	FICERS AN		S IN 11
	PSCD		☐ Deleté	TITLE	1						XX Change	☐ Addition
	KLEKAMP, DIA 10305 U.S. ON			NAME	E Et address	156	1 M	izell Av	700110			
	SEBASTIAN FL				-ST-ZIP			_Park, I		39		
	VTD		☐ Delete	TITLE		<u> </u>	LCI	<u> </u>			XX Change	☐ Addition
,	KLEKAMP, H. \	WAYNE		NAME	:							_
	10305 U.S. ON				ET ADDRESS	_		izell A				
	SEBASTIAN FL	32958		+	-ST-ZIP	_Win	ter	Park,	L 3278	<u> </u>		
TITLE NAME			☐ Delete	TITLE	j.						Change	☐ Addition
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP				CITY-	·ST-ZIP							
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STREET ADDRESS CITY-ST-ZIP					et address -\$t-zip							
TITLE	<del></del>		Delete	TITLE	<del></del>	<del></del>					☐ Change	☐ Addition
NAME			L Delete	NAME							□ Ollange	Houldon
STREET ADDRESS				STREE	et address							
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NAME STREET ADDRESS		,		I NAME STREE	ET ADDRESS		•					
CITY-ST-ZIP					-ST-ZIP							
12. I hereby ce	ertify that the infor	mation supplied with th	is filing does not qualify for	the exer	mption state	d in Sec	ction 1	19.07(3)(i). Fk	orida Statutes	. I further o	ertify that the	information
indicated of the corp	on this report or si poration or the rec	upplemental report is tr eiver or trustee empow	ue and accurate and that need to execute this report in all other like empowered.	ny signati as requir	ure shall ha	ve the s	ame le	enal effect as i	f made under	roath: that	Lam an officer	r or director