

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91021 040 ***150.00

DOCUMENT # F01000003752

1. Entity Name
CLEMENT ENTERPRISES, INC.



Principal Place of Business
105 EAST OAKLAND AVENUE
AUSTIN MN 55912

Mailing Address
105 EAST OAKLAND AVENUE
PO BOX 366
AUSTIN MN 55912-0366

2. Principal Place of Business
11969 VALLEY AVENUE

3. Mailing Address
11969 VALLEY AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CRESO, IA

City & State
CRESO, IA

4. FEI Number 41-1941417

Applied For

Not Applicable

Zip
52136

Country
U.S.A

Zip
52136

Country
U.S.A

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

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEMENT, CONRAD D
4441 ORANGE BLVD.
SANFORD FL 32771

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCST ☐ Delete
NAME CLEMENT, CONRAD D
STREET ADDRESS 105 EAST OAKLAND AVENUE
CITY-ST-ZIP AUSTIN MN 55912

TITLE PCST ☒ Change ☐ Addition
NAME CLEMENT, CONRAD D.
STREET ADDRESS 11969 VALLEY AVENUE
CITY-ST-ZIP CRESO, IA 52136

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03 **563-547-6000**

Date

Daytime Phone #

CR2E034 (10/02)