

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F20295

1. Entity Name
CLIPPER ENTERPRISES, INC.

Principal Place of Business

1653 KINSALE DR.
CANTONMENT FL 32533
US

Mailing Address

2172 W. NINE MILE RD.
PMB 358
PENSACOLA FL 32534-9413
US

2. Principal Place of Business

30 S, SPRING STREET
PENSACOLA, FL 32501

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2077632

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

900275074189



6. Name and Address of Current Registered Agent

CLIPPER, ROBERT W.
1653 KINSALE DR
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Applicable)
30 S, SPRING STREET
PENSACOLA, FL 32501

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, 2002 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

TITLE PCEO
NAME CLIPPER, ROBERT W JR
STREET ADDRESS 1653 KINSALE DR
CITY-ST-ZIP CANTONMENT FL 32533 ☐ Delete

TITLE S
NAME CLIPPER, DEBORAH R
STREET ADDRESS 1653 KINSALE DR
CITY-ST-ZIP CANTONMENT FL 32533 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 30 S, SPRING STREET
PENSACOLA, FL 32501 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 30 S, SPRING STREET
PENSACOLA, FL 32501 ☐ Addition

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

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

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

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

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 687, 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:

Robert W. Clipper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/02 (850) 452-2444
Date Office Phone #

CPRE034 (9/01)