

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90147 012 ***150.00

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

DOCUMENT # **F97000005945**
1. Entity Name
Oswaldo Clemente, Inc.

DO NOT WRITE IN THIS SPACE

91013

2. Principal Place of Business
950 PRIM AVENUE, STE 14
Suite, Apt. #, etc.

3. Mailing Address
113 MILLCREEK CIRCLE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
GRACEVILLE, FLORIDA
Zip **32440** Country **USA**

City & State
DOTHAN, AL. 36301
Zip **36301** Country **USA**

4. FEI Number
63-0997562
Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **DEBORAH ROY**
Street Address (P.O. Box Number is Not Acceptable)
963 3RD AV.
City **GRACEVILLE FL** Zip Code **32440**

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 

DATE **5-28-02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **PRESIDENT / VICE PRESIDENT**
NAME **OSVALDO CLEMENTE**
STREET ADDRESS **113 MILL CREEK CIRCLE**
CITY-STATE-ZIP **DOTHAN, AL. 36301**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **SECRETARY / TREASURER**
NAME **OSVALDO CLEMENTE**
STREET ADDRESS **113 MILL CREEK CIRCLE**
CITY-STATE-ZIP **DOTHAN, AL. 36301**

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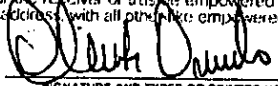
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like employees.

SIGNATURE:  **OSVALDO CLEMENTE**

DATE **04-26-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY AND PHONE #

CR2E034B (12/01)