

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90004 042 ***150.00

DOCUMENT # H92064

1. Entity Name
VIRGINIA M. CLENNEY, INC.

Principal Place of Business 129 NORTH OAK AVENUE P.O. BOX 157 FT. MEADE FL 33841-2932	Mailing Address 829D N LANIER FORT MEADE FL 33841 US
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813809



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2634557** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLENNEY, VIRGINIA M.
 %GRAND CT-400-S-FF-A613
 LAKELAND FL 33801

Name *Clenney, Virginia M.*
 Street Address (P.O. Box Number is Not Acceptable)
6150 Lakeland Highlands Rd #225
 City *Lakeland* FL Zip Code *33813*

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 *Virginia M. Clenney* DATE *2-6-01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DPS	CLENNEY, VIRGINIA M.		
129 N. OAK AVE	129 N. OAK AVE		
FT MEADE FL 33841	FT MEADE FL 33841		
T	CLENNEY, VIRGINIA M.		
129 N. OAK AVE	129 N. OAK AVE		
FT MEADE FL 33841	FT MEADE FL 33841		

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 607, 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: *Virginia M. Clenney* DATE *2-6-01* DAYTIME PHONE # *863-285-8929*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)