

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
 May 24, 2002 8:00 am
 Secretary of State

05-24-2002 91348 010 ***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 33841-2832	Mailing Address 829D N LANIER FORT MEADE FL 33841 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 699 N Holland Town Rd Suite, Apt. #, etc. WAUCHULA FL City & State WAUCHULA FL	3. Mailing Address 699 N Holland Town Rd Suite, Apt. #, etc. WAUCHULA FL City & State WAUCHULA FL
Zip 33873-4403 Country HARDEE	Zip 33873-4403 Country HARDEE

4. FEI Number 59-2634557	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

8. Name and Address of Current Registered Agent
CLENNEY, VIRGINIA M.
6150 LAKELAND HIGHLANDS RD #225
LAKELAND FL 33813

7. Name and Address of New Registered Agent
 Name **JANICE B. CLENNEY**
 Street Address (P.O. Box Number is Not Acceptable)
699 N. Holland Town Rd
 City **WAUCHULA FL** Zip Code **33873**

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 *Janice B. Clenney* DATE **3-17-02**
Signature, type or printed name of registered agent and title if applicable. (Type E: 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS CLENNEY, VIRGINIA M. 129 N. OAK AVE FT MEADE FL 33841 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLENNEY, VIRGINIA M. 129 N. OAK AVE FT MEADE FL 33841 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JERIL R. CLENNEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 699 N. Holland Town Rd WAUCHULA FL 33873-4403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Virginia M. CLENNEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5245 N. Socum Loop Rd Lakeland FL 33509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S T D JANICE B. CLENNEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 699 N Holland Town Rd WAUCHULA FL 33873-4403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Janice B. Clenney* **JANICE B. CLENNEY** DATE **3-17-02** DAYTIME PHONE # **863-773-6909**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)