## 2002 Uniform Business Report (UBR)

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

1. Entity Na	JMENT # <b>H9206</b> A M. CLENNEY, INC.	<b>54</b> ~ ^	, , ,		05-24-2002 91348 010 ***150.00
Principal Place of Business Mailing Address  129 NORTH OAK AVENUE 829D N LANER  P.O. BOX 157 FORT MEADE FL 33841  FT. MEADE FL 33841-2932 US					
2. Principal Place of Business  699 N Holland Town Pd 699 N Holland Town Rd  Suite, Apt. #, etc.  WAUCHYLA FL  3. Mailing Address 699 N Holland Town Rd  Suite, Apt. #, etc.				un Rd.	I (BEIGH BING HAITS HAIR BHAIR
City & Sta	HULAEL	City & State  WAUCHULA	FL.	4.	FEI Number 59-2634557 Applied For Not Applicable
Zip 33€/13	S-4403 HARDEE  6. Name and Address of Current F	Zip 33873-4403 legistered Agent	Country #ARI	26 C	Certificate of Status Desired \$8.75 Additional Fee Required  Name and Address of New Registered Agent
CLENNEY, VIRGINIA M. 6150 LAKELAND HIGHLANDS RD #225 LAKELAND FL 33813  Name JANICE B. CLE. Street Address (P.O. Box Number is Not Acceptable Address (P.O					E-B. CLENNEY  Box Number is Not Acceptable)  Holland Town Rd
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, types of printed name of registered apers and title if applicable.  (by E: Registered Agent signature required when reinstating)  DATE					
Tax filling requirement and elects to do so.  After May 1, 200			I! FEE IS \$150.00 02 Fee will be \$550.00 le to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	DPS Y CLENNEY, VIRGINIA M. 129 N. OAK AVE FT MEADE FL 33841	RECTORS A Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	JERI 699	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLENNEY, VIRGINIA M. 129 N. OAK AVE FT MEADE FL 33841	☐ Delete	TITLE NAME STREET ADDRESS "CITY*ST-ZIP**	Vingin 5245	The Change Addition of the Change Addition of the Change o
TITLE NAME STREET ADORESS.		☐ Delete	TITLE NAME - STREET ADDRESS -	5 T	D Change Addition  E B. CLENNEY  - Holland Town Rd
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	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 607, Florida Statutes; and that my name eppears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					