

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90196 003 ***150.00

DOCUMENT # J11653

1. Entity Name

WE ARE SURROUNDINGS, INC.

Principal Place of Business

**603 N. CHURCH ST.
 NOKOMIS FL 34275**

Mailing Address

**603 N. CHURCH ST.
 NOKOMIS FL 34275**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1172769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLAFLIN, JOHN B.
 303 LYCHEE ROAD
 NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name

JOHN B. CLAFLIN

Street Address (P.O. Box Number is Not Acceptable)

2530 LOGAN ROAD

City

VENICE

FL

Zip Code

34293

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **CLAFLIN, JOHN B.**
 CITY-ST-ZIP **303 LYCHEE ROAD
 NOKOMIS FL**

TITLE ☒ Change ☐ Addition
 NAME **2530 LOGAN ROAD**
 STREET ADDRESS **VENICE, FL 34293**
 CITY-ST-ZIP **SEL TREAS**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LA BARGE REDDY, KIM**
 CITY-ST-ZIP **3389 DATURA RD
 VENICE FL 34293**

TITLE ☒ Change ☐ Addition
 NAME **WILLIAM J. CLAFLIN**
 STREET ADDRESS **411 LYCHEE ROAD**
 CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Claflin

Date

Daytime Phone #

941-484-7368

CR2E034 (9/01)