2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015811

1. Entity Name

OSCAR CLEMONS ENTERPRISES, LLC.

Principal Place of Business	Mailing Address
1055 U.S. HWY 98 NORTH OKECHOBEE FL 34972	PO BOX 1288 OKECHOBEE FL 34973

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1140372**   Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
ABLES III, CLIFFORD M 551 SOUTH COMMERCE AVE. SEBRING FL 33870	Name ___ Street Address (P.O. Box Number is Not Acceptable) City ____ FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS | **10.** ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change / Addition
MGRM CLEMONS, OTIS O 4853 N.W. 30TH STREET OKEECHOBEE FL		☐ Delete		34972	☐ Change ☒ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Otis O. Clemons 2-26-03 (863) 763-3127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (10/02)