## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # LO5425 1. Entity Name CLAUDETTE CLEMENT PROPERTIES, INC. Principal Place of Business Mailing Address 512 HILLCREST AVE % CLAUDETTE CLEMENT TARPON SPRINGS FL 34689 512 HILLCREST AVE TARPON SPRINGS FL 34689-2419

## FILED May 26, 2000 8:00 am Secretary of State

05-26-2000 90065 031 \*\*\*150.00



2. Principal P	lace of Busin	ess		3. Mailing Address				T I TORITORY DIT BOOK BIRN BIRN BIRN BIRN BIRN BIRN BIRN BIRN				
Suite, Apt.	#, etc.	-		Suite, Apt. #, etc.			7	DO NOT WRITE IN THIS SPACE				
City & State				City & State			<b>4.</b> F	4. FEI Number 59-2970441			oplied For ot Applicable	
Zip Country .			ntry .	Zip Country		ntry	5. 0	Certificate of Status Desired		8.75 Ade	ditional	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
512	MENT, CLA HILLCREST PON SPRIN	AVE					Street Address (P.O. Box Number is Not Acceptable)					
			·			City			FL	Zip Cod	e	
8. The above	named entity	/ submi	its this statement for t	he purpose of changing its	register	ed office or regist	ered age	ent, or both, in the State of Flori	da.	<u>-</u>		
SIGNATURE Signature, typed or printed hame of registered agen				and title if applicable. (NOTE: Registered Agent signature required				nstating)	DATE			
This corporation is eligible to Tax filing requirement and ele (See criteria on back)				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Fina Trust Fund Contribution.			O May Be d to Fees	
			OFFICERS AND D	OFFICERS AND DIRECTORS 12			ADI	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE PS NAME CLEMENT, CLI STREET ADDRESS 512 HILLCRES CITY-ST-ZIP TARPON SPRII			AUDETTE T AVE			E EET ADDRESS -ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			- 3-4	☐ Delete	1		- <del></del> -		· · ·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. : .	□ Delete			-			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	pertify that the	inform	nation supplied with th	Delete	CITY	EET ADDRESS -ST-ZIP	Section 1	19.07(3)(i), Florida Statutes. I	urther cert	Change	Addition Addition	

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:

4-30-2000