

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L41765**1. Entity Name
CLARENCE BARDELL, INC.**FILED**
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91588 044 ***150.00

Principal Place of Business

**9140 U.S. HIGHWAY 192
CLERMONT FL 34711**

Mailing Address

**9140 U.S. HIGHWAY 192
CLERMONT FL 34711**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

505 AVENUE A, NW,Suite, Apt. #, etc.
SUITE 102

City & State

WINTER HAVEN, FL

Zip

33881

Country

US4. FEI Number **50-2984281**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, DAVID N
9140 US HWY 192
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name

Goveni, Brian R.

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

505 Avenue A, NW, Suite 102

City

Winter Haven

FL

Zip Code
33881

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 registering)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DVS** ☒ Delete
NAME **BARDELL, SARA E.**
STREET ADDRESS **211 CHALLENGER AVENUE**
CITY-ST-ZIP **DAVENPORT FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **David N. Edwards**
STREET ADDRESS **2604 Royal Fern**
CITY-ST-ZIP **Kissimmee, FL 34758**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **David N. Edwards**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Expires

5/11/01 1863 1424 2309