

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90086 005 ***150.00

DOCUMENT # L81917

1. Entity Name
WILLIAM CLARE ENTERPRISES, INC.

Principal Place of Business
2936 LAKE VALENCIA BLVD. E.
PALM HARBOR FL 34684

Mailing Address
2936 LAKE VALENCIA BLVD. E.
PALM HARBOR FL 34684

2. Principal Place of Business

2936 Lake Valencia Blvd E

3. Mailing Address

Same

City & State

Palm Harbor FL

City & State

Same

4. FEI Number

59-3018016

Applied For

Not Applicable

Zip

34684

Country

Pinellas

Zip

34684

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ZISA, WILLIAM R.
2936 LAKE VALENCIAL BLVD. E.
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name *William Zisa*
 Street Address (P.O. Box Number is Not Acceptable) *2936 Lake Valencia Blvd E*
 City *Palm Harbor* **FL** Zip Code *34684*

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]*
 Signature of the current registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

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

TITLE **DPS** ☐ Delete
 NAME **ZISA, WILLIAM R.**
 STREET ADDRESS **2936 LAKE VALENCIAL BLVD. E.**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02

CR2E034 (9/01)