2001	UNIFORM	BUSINESS	REPORT ((UBR

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

	I UNIFORM BUS	INESS REPU		IODN	<u>'</u>			* 2	•
POCUMENT # M000000915 1. Entity Name FELDMAN CLEARWATER LLC					FILED				
	, , , , , , , , , , , , , , , , , , , ,					Ũ	HAPR 2	3 PM 5	5: 24
Principal Place of Business 58-47 FRANCIS LEWIS BLVD. BAYSIDE NY 11364		Mailing Address 58-47 FRANCIS LEWIS BL BAYSIDE NY 11364	58-47 FRANCIS LEWIS BLVD.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal I	Place of Business	3. Mailing Address							
		Suite, Apt. #, etc.	, , , , , , , , , , , , , , , , , , , ,		_	DO NOT WRITE IN THIS SPACE			
City & State		City & State				4. FEI Number Applied For			
Zip		Zip			No.		t Applicable		
Z:p	Country		Cour	10 y		tificate of Status Desired		55.00 Add	
	6. Name and Address of Curren	t Registered Agent		Name		ne and Address of New	Registered A	gent	
M.D. CARLISLE CORP. OF FLORIDA 1701 LEE ROAD				Street Address (F		Number is Not Acceptab	le)		
	PARK FL 32789								
				City			FL	Zip Code	
SIGNATURE	Signature, typed or printed name of registered agen	_ 	DW!!!	d Agent signature re-	.00		4/17/0 DATE		
9.	MANAGING MEME	BERS/MEMBERS	10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR - FELDMAN, HARRY 58-47 FRANCIS LEWIS BLVD. BAYSIDE NY 11364	Delete		,				☐ Change	Addition
TITLE NAME	DATE OF THE CONTRACT OF THE CO	☐ Delete	TITLE	1	<u> </u>		<u> </u>	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	-	e e sego		ET ADDRESS -ST-ZIP	. <u> </u>	30000 -05/0	4134	903	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I		-U5/U: ****	8/U1U1 *50.00	Diange (*****	Addition 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l				Change	Addition
TITLE . NAME SIRE T ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE			·	-	Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAMI STRE	E Et adoress				Change	Addition
11. hereby	pertify that the information supplied wit	h this filing does not qualify for	the exer	-ST-ZIP mption stated i	n Section 119	.07(3)(i), Florida Statutes	I further certi	fy that the in	formation
indicated limited lia	on this report is true and accurate and bility company or the receiver or truste	d that my signature shall have t se empowered to execute this	the same report as	e legal effect as required by C	s if made unde hapter 608, Fi	er oath; that I am a mana orida Statutes.	ging member	or maлage	r of the

4/17/0, Date