

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M02000002896

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: CLARITY INDUSTRIES, L.L.C.

## Current Principal Place of Business:

4665 FOWLER TRAIL  
CUMMING, GA 30041

## New Principal Place of Business:

5325 SHADY GROVE ROAD  
CUMMING, GA 30041

## Current Mailing Address:

4665 FOWLER TRAIL  
CUMMING, GA 30041

## New Mailing Address:

5325 SHADY GROVE ROAD  
CUMMING, GA 30041

FEI Number: 58-2245066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARLOW, MICHAEL  
3465 WINDMILL RANCH RD  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: COHEN, STUART B  
Address: 4665 FOWLER TRAIL  
City-St-Zip: CUMMINGS, GA 30041

Title: MGR ( ) Delete  
Name: COHEN, JAMIE R  
Address: 4665 FOWLER TRAIL  
City-St-Zip: CUMMINGS, GA 30041

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: COHEN, STUART B  
Address: 5325 SHADY GROVE ROAD  
City-St-Zip: CUMMING, GA 30041

Title: MGR (X) Change ( ) Addition  
Name: COHEN, JAMIE R  
Address: 5325 SHADY GROVE ROAD  
City-St-Zip: CUMMING, GA 30041

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STUART B. COHEN

MGR.

04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date