

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016258
AB

DOCUMENT # M98000000543

1. Entity Name
CLEMENTS + POELLOT/ASSOCIATED, PLLC

00 APR 23 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
425 WEST BROADWAY, SUITE G 425 WEST BROADWAY, SUITE G
NORTH LITTLE ROCK AR 72114 NORTH LITTLE ROCK AR 72114-5329



2. Principal Place of Business 3. Mailing Address
507 Main Street 507 Main Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

MDM

DO NOT WRITE IN THIS SPACE

City & State North Little Rock, AR City & State North Little Rock, AR
Zip 72114 Country USA Zip 72114 Country USA
4. FEI Number 71-0804429 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GEORGE F. YOUNG, INC.
C/O MARTIN T. LOTT
299 NINTH STREET NORTH
ST. PETERSBURG FL 33731-0683
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Gary Clements DATE 4/18/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLEMENTS, GARY W 425 WEST BROADWAY, SUITE G NORTH LITTLE ROCK AR 72114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POELLOT, VINSON R 425 WEST BROADWAY, SUITE G NORTH LITTLE ROCK AR 72114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100003245811-8 -05/09/00--01126--024 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my 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: SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CR2E083 (9/99)