

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90048 004 \*\*\*\*61.25

**DOCUMENT # N00000000292**

1. Entity Name

**ST. CLAIRE MISSION, INC.**

Principal Place of Business

**10476 SW 184 TR.  
 MIAMI FL 33157  
 US**

Mailing Address

**12681 S. DIXIE HWY.  
 PINECREST FL 33156  
 US**

2. Principal Place of Business

**10476 SW 184 TR**  
 Suite, Apt. #, etc.

3. Mailing Address

**12681 S Dixie Hwy**  
 Suite, Apt. #, etc.

City & State

**Miami, Fla.**

City & State

**Pinecrest, Fla.**

Zip

**33157**

Country

**USA**

Zip

**33156**

Country

**USA**

4. FEI Number

**65-0983376**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**JENNINGS, DESIREE M  
 7950 SW 131ST ST.  
 PINECREST FL 33156**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-15-02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **JENNINGS, DESIREE M**  
 STREET ADDRESS **7950 SW 131ST ST.**  
 CITY-ST-ZIP **PINECREST FL 33156**

TITLE **D** ☐ Delete  
 NAME **REDDEN, THOMAS L**  
 STREET ADDRESS **P.O. BOX 971022**  
 CITY-ST-ZIP **MIAMI FL 33197**

TITLE **D** ☐ Delete  
 NAME **YEISER, CHUCK**  
 STREET ADDRESS **7001 SW 61ST AVE.**  
 CITY-ST-ZIP **S. MIAMI FL 33143**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Desiree M. Jennings**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/02 305 793 3405**  
 Date Daytime Phone #