

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006713

1. Entity Name

CLARGIN HOUSE INC.

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90007 033 ****61.25

Principal Place of Business

Mailing Address

4488 BANNEKA ST
ORLANDO FL 32811

4488 BANNEKA ST
ORLANDO FL 32811

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

Same

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3678495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLY, CLARENCE L
4488 BANNEKA ST
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

Same

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

Clarence L. Kelly

Clarence L. Kelly

4-19-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME LEWIS, RITA
STREET ADDRESS 4749 VARGAS ST
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE D
NAME BARNES-KELLY, VIRGINIA
STREET ADDRESS 4488 BANNEKA ST
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE D
NAME WATSON, MILTON
STREET ADDRESS 1857 BARNSTABLES RD
CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Delete

TITLE D
NAME THARP, EDWARD
STREET ADDRESS 431 SHORT PINE CIRCLE
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

TITLE D
NAME JONES, TIMOTHY
STREET ADDRESS 4816 MIRANDA CIRCLE
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Nadindra Exalien
NAME 2939 N.W. 56th Ave Apt A-2
STREET ADDRESS
CITY-ST-ZIP Lauderdale, FL. 33313 ☐ Change ☒ Addition

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

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

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

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

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

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:

Clarence L. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

407-422-8067

Date

Daytime Phone #

CR2E037 (9/01)