

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90124 037 \*\*\*\*61.25

**DOCUMENT # N00000006713**

**1. Entity Name**  
**CLARGIN HOUSE INC.**



**Principal Place of Business**

**4488 BANNEKA ST  
ORLANDO FL 32811**

**Mailing Address**

**4488 BANNEKA ST  
ORLANDO FL 32811**

**2. Principal Place of Business**

**4488 Banneka St.**

**3. Mailing Address**

**4488 Banneka**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Orlando, Florida**

**City & State**

**Orlando, Florida**

**Zip**

**32811**

**Country**

**USA**

**Zip**

**32811**

**Country**

**USA**

**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**

**7. Name and Address of New Registered Agent**

**KELLY, CLARENCE L  
4488 BANNEKA ST  
ORLANDO FL 32811**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when terminating)

**DATE**

*Clarence L. Kelly*

**3-24-03**

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

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

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

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

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

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

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

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

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

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

**TITLE** **D** ☐ Delete  
**NAME** **EXALIN, NADIRA**  
**STREET ADDRESS** **2939 NW 56TH AVENUE, APT A-2**  
**CITY-ST-ZIP** **LAUDERHILL FL 33313**

**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 empowerments.**

**SIGNATURE:**

*Clarence L. Kelly* **RED**

**3-24-03 407-422-8067**

CR2E037 (10/02)