2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 09, 2002 8:00 am Secretary of State **DOCUMENT #** P00000031998 1. Entity Name CLARET GREETING CARD & PUBLISHING COMPANY, INC. 05-09-2002 90081 048 ***150.00 Principal Place of Business Mailing Address 1044 CALIFORNIA CREEK DR. 1044 CALIFORNIA CREEK DR. OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3648630 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARLOWE, MICHAEL L ESQ. Street Address (P.O. Box Number is Not Acceptable) 1031 W. MORSE BLVD., STE. 105 WINTER PARK FL 32789 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition NAME JARRETT, RODNEY L NAME STREET ADDRESS 1044 CALIFORNIA CREEK DR. STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Jarrett, Kathleen M NAME STREET ADDRESS 1044 CALIFORNIA CREEK DR. STREET ADDRESS CITY-ST-7IP OVIEDO FL 32765 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HUNGERMAN, BRIAN NAME STREET ADDRESS 453 E. BEVERLY RD. STREET ADDRESS CITY-ST-ZIP WOOSTER OH 44691 CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition DEERING, MICHEAL J MICHAEL NAME NAME STREET ADDRESS 2616 RILLWOOD RD STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 propowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Davtime Phone #

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