

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0048582

DOCUMENT # P00000044494

1. Entity Name

CLEMENT CAPITAL CORPORATION

05-17-2001 91351 050 ***150.00

Principal Place of Business

Mailing Address

5184 S.W. 121ST AVENUE
 COOPER CITY FL 33330

5184 S.W. 121ST AVENUE
 COOPER CITY FL 33330

2. Principal Place of Business

3. Mailing Address

709 SilverSmith Circle

809 SilverSmith Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Lake Mary, Florida

City & State
 Lake Mary, Florida

4. FEI Number
 65-1006542

Applied For
 Not Applicable

Zip Country
 32746 Seminole

Zip Country
 32746 Seminole

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

SMOLER, BRUCE J
 100 S.E. 2ND STREET, SUITE 2620
 MIAMI FL 33131

Name: Judi Clement
 Street Address (P.O. Box Number is Not Acceptable): 809 SilverSmith Circle
 City: Lake Mary FL Zip Code: 32746

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

4/25/01
DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D CLEMENT, JUDITH D**
 STREET ADDRESS **5184 S.W. 121ST AVENUE**
 CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CLEMENT, KENNETH W**
 STREET ADDRESS **5184 S.W. 121ST AVENUE**
 CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judi Clement
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 321-228-0013
Date Daytime Phone #

CR2E034 (10/00)