

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2001 91351 050 ***150.00

DOCUMENT # P00000044494

1. Entity Name

CLEMENT CAPITAL CORPORATION

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

809 Silversmith Circle

3. Mailing Address

809 Silversmith Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Mary, Florida

City & State

Lake Mary, Florida

4. FEI Number

65-1006542

Applied For

Not Applicable

Zip

32746

Country

Seminole

Zip

32746

Country

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 NAME
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 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

Date

321-228-0013

Daytime Phone #

CR2E034 (10/00)