

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045474

1. Entity Name

COST LESS INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1348 S. Babcock St.

3. Mailing Address

1348 S. Babcock St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Melbourne, Fl.

City & State  
Melbourne, Fl.

4. FEI Number

59-3648356

Applied For

Not Applicable

Zip  
32901

Country  
USA

Zip  
32901

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Samuel H. Clymer III

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

103 Lansing Island Dr.

City Indian Harbor Beach,

FL

Zip Code  
32937

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

Samuel H. Clymer III

PRESIDENT

10-04-02

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  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President Samuel H. Clymer III  
103 Lansing Island Dr.  
Indian Harbor Bch., Fl. 32937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Secretary Mary Lou Clymer  
103 Lansing Island Dr.  
Indian Harbor Bch., Fl. 32937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL H. CLYMER III

PRESIDENT

10-4-02

321-724-6666

Date

Daytime Phone #

CR2E034B (12/01)

7/10/02

**Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 3202-1500  
Ref: Reinstatement Request  
10-04-2002**

**To whom it may concern;**

**I called your office this past Friday after finding out that our Corporation had been dissolved do to our failure to file the UBR. The reason this happened was that we did not receive this form in the mail because of the fact that when we originally registered we were not in our new facility yet and we used the address of our temporary offices which were at an executive suites location and as a result they could or would not forward our mail. Somehow we never changed our address with your office. Please accept my apology and the enclosed check for the years 2001 and 2002 as requested by your office for reinstatement.**

**Sincerely,**

  
**Samuel H. Clymer III  
President, COST LESS INC.**