FILED
Sep 23, 2002 8:00 am
Secretary of State
09-23-2002 90045 046 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080770

1. Entity Name
CLP SCRIPT, INC.

876604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14500 LAKE OLIVE DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS	City & State
Zip: FL. Country:	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1032951 ☐ Applied For ☐ Not Applicable

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: SOUTHWEST PROFESSIONAL SERVICES OF SO. FL. INC
Street Address (P.O. Box Number is Not Acceptable): 135711 MCGREGOR BLVD #22
City: FORT MYERS FL Zip Code: 33919

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: Mitchell [signature] - Pres. 9/19/02
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	P.D
NAME	PICCOLI CAROL L
STREET ADDRESS	14500 LAKE OLIVE DR
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carol L Piccoli — CAROL L PICCOLI, PRESIDENT 9/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Doc. # P00000080770
87 3304

CLP SCRIPT, INC.
14500 Lake Olive Dr.
Fort Myers, FL 33919

September 20, 2002

Division of Corporations
Uniform Business Rerport Filings
P.O.Box 1500
Tallahassee, Fl 32302

RE: CLP SCRIPT. INC
Document # P00000080770

Dear Sir,

I have never received my 2002 Uniform Business Report renewal form in the mail.

Enclosed is a replacement form along with my check in the amount of $150.00.

Thank you.

Sincerely,
CLP SCRIPT, INC.
Carol L Piccoli
Carol L Piccoli, President

Attachment

TRANSMITTAL LETTER

873304

#P00000080770

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CLP SCRIPT, INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- ☐ $70.00 Filing Fee
- ☒ $78.75 Filing Fee & Certificate of Status

☒ UBR $150.00

- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: SOUTHWEST PROFESSIONAL SERVICES OF SO.FLORIDA, INC..
Name (Printed or typed)

13571 Mcgregor Blvd Suite #22
Address

Fort Myers, Fl 33919
City, State & Zip

941-- 481-4444
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.