

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92208 008 ***150.00

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DOCUMENT # P00000111311

1. Entity Name

LOIS J. CLEMENTS REALTY, INC.



Principal Place of Business

**400 SEASAGE DRIVE
DELRAY BEACH FL 33483**

Mailing Address

**400 SEASAGE DRIVE
DELRAY BEACH FL 33483**

2. Principal Place of Business

4750-A 4th Street

Suite, Apt. #, etc.

3. Mailing Address

4750-A 4th Street

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

US

City & State

Delray Beach, FL

Zip

33445

Country

US

4. FEI Number

65-1059632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CLEMENTS, LOIS J
400 SEASAGE DRIVE
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name
Clements, Lois J.

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

4750-A 4th Street

City

Delray Beach,

FL

Zip Code

33445

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X *Lois J. Clements*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

LOIS J. CLEMENTS

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
NAME **CLEMENTS, LOIS J**
STREET ADDRESS **400 SEASAGE DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Delete
NAME **CLEMENTS, LOIS J**
STREET ADDRESS **400 SEASAGE DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
NAME **CLEMENTS, LOIS J.**
STREET ADDRESS **4750-A 4TH STREET**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **D** ☒ Change ☐ Addition
NAME **CLEMENTS, LOIS J.**
STREET ADDRESS **4750-A 4TH STREET**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *Lois J. Clements*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOIS J. CLEMENTS

Date

Daytime Phone #

CR2E034 (10/02)