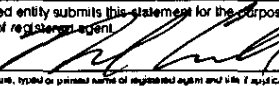
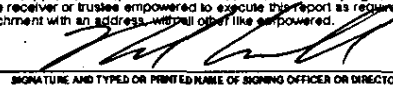


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91297 049 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000115299			
1. Entity Name CLARIS LAW, INC.			
Principal Place of Business 2002 WEST CLEVELAND ST., STE. 100 TAMPA, FL 33606		Mailing Address 2002 WEST CLEVELAND ST., STE. 100 TAMPA, FL 33606	
2. Principal Place of Business 109 N. BRUSH ST.	3. Mailing Address 109 N. BRUSH ST.		
Suite, Apt. #, etc. STE. 350	Suite, Apt. #, etc. STE. 350		
City & State TAMPA FL	City & State TAMPA FL	☒ CHECK HERE IF MAKING CHANGES	
Zip 33602	Country USA	4. FEI Number 59-3887879	
Zip 33602	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARROLL, NICHOLAS J 2002 WEST CLEVELAND ST., STE. 100 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name NICHOLAS J. CARROLL Street Address (P.O. Box Number is Not Acceptable) 109 N. BRUSH ST., STE. 350 City TAMPA FL Zip Code 33602	
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  DATE 4/17/03 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when registering)			
FILED NOW WITH FEE IS \$160.00 ARABAMA, 2003 FEE WILL BE \$560.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP CEO CARROLL, NICHOLAS J 2002 W. CLEVELAND ST., SUITE 100 TAMPA, FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP CEO CARROLL, NICHOLAS J 109 N. BRUSH ST., STE. 350 TAMPA, FL 33602	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.			
SIGNATURE:  DATE 4/17/03 83-225-1313 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Nicholas J Carroll

11023944

CR2034 (10/02)