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.

11023944

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		3. Mailing Address	
109 N. Brush St.		109 N. BRUSH ST.	
Suite, Apt. #, etc. STE. 350		Suite, Apt. #, etc. STE. 350	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33602	Country USA	Zip 33602	Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3687879 ☐ Applied For ☐ Not Applicable

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 [signature] 4/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Checks 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-ST-ZIP	CEO CARROLL, NICHOLAS J 2002 W. CLEVELAND ST., SUITE 100 TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO CARROLL, NICHOLAS J 109 N. BRUSH ST.; STE. 350 TAMPA, FL 33602	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 4/17/03 813-225-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nicholas J Carroll