

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

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90062 011 \*\*\*150.00

DOCUMENT # PO1000008504

1. Entity Name  
CAYO PELAU CLAMS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business POB 491		3. Mailing Address POB 491		4. FEI Number 65-1071437		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State ST. JAMES CITY, FL 33956		City & State ST. JAMES CITY, FL 33956		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name RUDOLPH K. MATLAND
Street Address (P.O. Box Number is Not Acceptable) 12995 S. CLEVELAND AVE. # 107
City FORT MYERS
State FL
Zip Code 33907

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 RUDOLPH K. MATLAND FEB. 15, 2002  
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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE P	NAME JAMES DRIGGERS	TITLE	
STREET ADDRESS 5082 SANDPIPER DRIVE	CITY-ST-ZIP ST. JAMES CITY, FL 33956	STREET ADDRESS	
TITLE V/P	NAME RAY ADDISON	TITLE	
STREET ADDRESS 4779 LUTHER AVE.	CITY-ST-ZIP NORTHPORT, FL 34286	STREET ADDRESS	
TITLE T, S	NAME SHIRLEY DRIGGERS	TITLE	
STREET ADDRESS 5082 SANDPIPER DRIVE	CITY-ST-ZIP ST. JAMES CITY, FL 33956	STREET ADDRESS	
TITLE	NAME	<b>DO NOT WRITE IN THIS SPACE</b>	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<b>DO NOT WRITE IN THIS SPACE</b>	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<b>DO NOT WRITE IN THIS SPACE</b>	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<b>DO NOT WRITE IN THIS SPACE</b>	
STREET ADDRESS	CITY-ST-ZIP		

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: James Driggers 2/28/02 941-293-4686  
JAMES DRIGGERS PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #