## AMENDED 2003

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

								FIL	ΕD			
DOCUMENT # P01000020005  1. Entity Name							03			_		
CLUBS	CLUB SOPRANO, INC.								AN IO:			
		d and a late	va da es e				SEC	RETARY	OF STAT E, FLORI	E.		
DO NOT WRITE IN THIS SPACE								.Апазац	ti, hlukli	)A		
									2251:	282	:5	
2. Principal Pl 167 S. Hig				3. Mailing Address 167 S. Highway 17/92			08/2	27./030	22 <b>51</b> ; 110560	[[] **	61.25	
Suite, Apt.			Suite.	Suite. Apt. #. etc.			DO NOT WRITE IN THIS SPACE					
City & State DeBary, F				City & State DeBary, FL			4. FEI Number 59-3703392			Applied For Not Applicat	ble	
Zip 32713		Country USA	Zip 32713		Country USA		5. Certificate	of Status Des	sired 🔲	\$8.75 Fee Re	5 Additional equired	
nt or any in	edde it ne			Seate of the	Name	<del></del>		Address of C	urrent Registe	red Agent		_
	D	O NOT	WRITE		eli L. Clark P.O. Box Number is Not Acceptable)					_		
	- *	I THIS	化二烯化苯二甲二十二甲基									
	3 . L 1	167 S. Highway 17/92  City DeBary  FL Zip C 3271						_				
8. The above	named entity	submits with states	ent for the purpos	e of changing its re			d agent, or bo	th, in the State	e of Florida. I a	<b>L</b>  32	713	ot
8. The above named entity admits the state of 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with accept the obligations of registered agent, or both, in the State of Florida. I am familiar with accept the obligations of registered agent, or both, in the State of Florida. I am familiar with accept the obligations of registered agent, or both accept the obligations of registered agent, or both accept the obligations are stated agent.												
SIGNATURE Signature Higher Splinted range of registered agent and title if applicable. (NOTE: Registered Agent signature required									<u> </u>	<u>3-03</u>		
	After May 1	y 1 Fee is \$150.0 , Fee is \$550.00	0				1	ection Campai			\$5.00 May Be	•
Make Check		UBR is \$61.25 Florida Departmo					Tri	ust Fund Cont	ribution.	L] #	Added to Fees	
10. TITLE	PSTD		AND DIRECTORS	5	inite #				yky in in Sekara kattu	an er		<u> </u>
NAME	Clark, W	endell L. ighway 17/92	NAME							(12/02		
STREET ADDRESS CITY-ST-ZIP		FL 32713		STREET ADDRESS COTY-ST-ZIP-							CR2E034B	
TITLE NAME					TITLE					1		SRZE
STREET ADDRESS CITY-ST-ZIP					STREET ADORESS CITY+ST-ZIP							
TITLE					TITLE	ы	a not take to		•			
NAME STREET ADDRESS		<u>.</u>	• •		STREET ADDRESS	Service Of		ONC	T WF	TE		
CITY-ST-ZIP TITLE					CITY-ST-ZIP		· February St.	graph Trighty I	The same of the same of			
NAME					- NAME			Y 1 FI	S SP/	NUE,		95
STREET ADDRESS CITY-ST-ZIP					STREET AODRESS CITY-ST-ZIP	*						1174 142 1 max
TITLE NAME	1				TITLE:					· 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1		
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS							
TITLE			<u></u>		TITLE					F. 10		
NAME STREET ADDRESS		** ** ***		18	NAME STREET ADDRESS							
CITY-ST-ZIP  12. I hereby of	Certify that the	information supplie	with this tilling do	oes not qualify for t	City-ST-ZIP	ted in Sec	tion 119.07(3)	(i), Florida Sta	itutes. I further	certify that	the information	9)
12. I hereby certify that the information supplied with this tiling 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 epop is true and current 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 true and that my name appears in Block 10 or on an attachment with an address, with all other time erroweed.												
SIGNATURE: X SIGNATURE: Wendell L. Clark, President 7-3-03 401-474-4091												91
		-UIURA I VRE ARU ( ) PP	LU UN FRIM (EU MANIE !	o, albining officer U	IN SINESTOR			Date		Daytime Ph	UNIC P	1