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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

IE OF SIGNING OFFICER OR DIRECTOR

FILED Feb 06, 2003 8:00 am Secretary of State

305-899-1800

Daytime Phone #

1/8/03

Date

					02-06-2	003 90099 0	16 ***150.00	
DOCUN 1. Entity Name	MENT# P01000022 CLEVER CLAIM, IN			a a e e e e	:			
į	OO NOT WRITE	IN THIS SE	PACE					
2. Principal Place of Business 127 Columbus Drive Soite. Apt. #, etc.		3. Mailing Address 127 Columbus Drive Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Lower Matecumbe Key, FL		City & State Lower Matecumbe Key, FL		4. FEI Number 65–1120036		Applied For Not Applicable		
^{Zip} 33036	Country USA	Zip 33036 _	Country USA		5. Certificate of Status Desired		75 Additional Required	
		a, tryta et é la pétién		7	7. Name and Address of Current	Registered Age	nt	
Name RICHARD A. GOLDEN, ESQ.								
DO NOLWRILE Street Address (K RAM)					P.O. Box Number is Not Acceptable) ER & GOLDEN, P.A.			
	IN THIS SP	ACE						
		r a raiku yani a	City		BISCAYNE BLVD.,		ip Code	
					MIAMI	<u> </u>	33181	
	named entity submits this statement for ons of registered agent.	the purpose of changing its	registered office or re	egistere	ed agent, or both, in the State of Fig	nda. I am tamilia	r with, and accept	
				•		1/8/0	3	
SIGNATURE _	Signature, typed or printed name of registered agent a	and little if applicable. (NOTE	: Ragistered Agent signature	required s	when reinstating)	DATE		
Jan Make Check			Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	Payable to Florida Department of OFFICERS AND			14.4.35	K. J. STRING'S NEED JUINS	erion timas to		
TITLE	P/T/S/D		TITLE			14.4.A.W		
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CITY-ST-ZIP	127 Columbus Dr. Lower Matecumbe	Kev FT. 33036	CITY ST ZIP					
TΠLÉ	Bowel Matecumbe	Key, FD 33030	nile (anale per compa	550 -955		
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS					
TITLE			TITLE - 1	605 (A) KZZII				
NAME	· —		NAME 7					
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CITY-ST-ZIP			CITY-ST-ZIP		PERCENTAGE TO LEGISLATION CONTRACTOR CONTRAC	Section 1	The same of the sa	
TITLE NAME			NAME		IN THIS	SPACE		
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TITLE			JITLE		Secretary and the second			
NAME OTREET ADDRESS			NAME STREET ADDRESS				A PAGE TANDA PROPERTY.	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
TITLE			TITLE	1993			7.50	
NAME			NAME		en de la companya de La companya de la co			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
	pertify that the information supplied with	this filing does not qualify fo	8.2000 NGC STONE (%) - 14	d in Se	ection 119.07(3)(i). Florida Statutes	I further certify th	at the information	
indicated of the cor attachme	certify that the information supplied with on this report or supplemental report is reportation or the receiver or frustee em nt with an address, with all other like er	s true and accurate and that is nowered to execute this report apowered.	my signature shall ha irt as required by Cha	ve the s apter 60	same legal effect as if made under 07, Florida Statutes; and that my na	oath; that I am ar arne appears in E	officer or director Block 10 or on an	