

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

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

02-06-2003 90099 016 ***150.00

DOCUMENT # P01000022109

1. Entity Name CLEVER CLAIM, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

127 Columbus Drive

Suite, 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 ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RICHARD A. GOLDEN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

KRAMER & GOLDEN, P.A.

12000 BISCAYNE BLVD., STE. 500

City

NORTH MIAMI

FL

Zip Code
33181

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T/S/D
RAINER SALM
127 Columbus Dr.
Lower Matecumbe Key, FL 33036

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

Date

305-899-1800

Daytime Phone #

CR2E034B (12/02)