FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91511 034 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000030V98

1. Entity Name
CLEVELAND + SONS ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

642675

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4531 NW 12 AVE	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Fort Lauderdale FL	City & State
Zip: 33309 / Country:	Zip / Country

4. FEI Number: 65-1092083 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: GARY W. CLEVELAND

Street Address (P.O. Box Number is Not Acceptable): 4531 NW 12 AVE

City: Fort Lauderdale FL Zip Code: 33309

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 ____________________ 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) ☒

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARY W. CLEVELAND
STREET ADDRESS	4531 NW 12 AVE
CITY-ST-ZIP	Fort Lauderdale FL 33309
TITLE	S
NAME	LAURA N. CLEVELAND
STREET ADDRESS	4531 NW 12 AVE
CITY-ST-ZIP	Fort Lauderdale FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gary Cleveland GARY CLEVELAND 4/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #