

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000032177

FILED
Apr 04, 2003
Secretary of State

Entity Name: CLOVERLEAF CAPITAL ADVISOR'S, INC.

Current Principal Place of Business:

2710 REW CIRCLE
SUITE 100
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2710 REW CIRCLE
SUITE 100
OCOE, FL 34761

New Mailing Address:

FEI Number: 59-3708098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, E. NICHOLAS III
2710 REW CIRCLE
SUITE 100
OCOE, FL 34761

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: DAVIS, E. NICHOLAS III
Address: 2710 REW CIRCLE SUITE 100
City-St-Zip: OCOE, FL 34761

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T () Change (X) Addition
Name: LOOMIS, JENNIFER S
Address: 2710 REW CIRCLE, SUITE 100
City-St-Zip: OCOE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. NICHOLAS DAVIS, III

P/D

04/04/2003

Electronic Signature of Signing Officer or Director

Date