

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000066732

1. Entity Name  
ACLARIAN, INC.

Principal Place of Business  
5945 CHERRY OAK DRIVE  
VALRICO FL 33594

Mailing Address  
5945 CHERRY OAK DRIVE  
VALRICO FL 33594

2. Principal Place of Business

3117 LITHIA PINECREST RD  
Suite, Apt. #, etc.

3. Mailing Address

3117 LITHIA PINECREST RD  
Suite, Apt. #, etc.

City & State  
VALRICO, FL

Zip  
33594

Country  
USA

City & State  
VALRICO, FL

Zip  
33594

Country  
USA

4. FEI Number  
59-3731475

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, JOSEPH M JR  
5945 CHERRY OAK DRIVE  
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 JOSEPH M FITZGERALD, PRESIDENT & CEO

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT & CEO  
JOSEPH M FITZGERALD  
5945 CHERRY OAK DR  
VALRICO, FL 33594 100% ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90076 021 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)