## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 28, 2002 8:00 am Secretary of State

DOCUMENT # PO100071401 U 1. Entity Name Carolina Land Clearing of Florida, Inc.				04-28-2002 90576 001 ***158.75	
DO NOT WRITE IN THIS SPACE					
	face of Business	3. Mailing Address	1		
1933 South Lake Cannon Dr. N.W. P.D. Box 47261 Suite, Apt. #, etc. Suite, Apt. #, etc.			67	DO NOT WRITE IN THE	IS SPACE
Suite, Apr. #, etc.					
Winter Haven, FL Charlotte, A		Charlotte, NC		4. FEI Number 33 - 0999184	Applied For Not Applicable
zip 33	881 Country A	Zip 28247	Country U.S.A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			<u> </u>	7. Name and Address of Current Registe	
DO NOT WRITE IN THIS SPACE				hn 5. Duss, IV s.(P.O. Box Number is Not Acceptable) Crown Point Court	L Zin Code 5 7
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					
Tay filing requirement and elects to do so.  After May 1,			y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of S	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS			· · · · · · · · · · · · · · · · · · ·		
TITLE	Chief Executive Officer Ronald R. Olsen		TITLE		اغ
NAME STREET ADDRESS	P.O. BOX 472664		NAME STREET ADDRESS		5
CITY-ST-ZIP	Charlotte ,NC 2824	7	CITY-ST-ZIP		5
TITLE	President		TITLE	· · · · · · · · · · · · · · · · · · ·	
NAME	Ronald R. Oisen		NAME		2
STREET ADDRESS	S P.n. Box 472664		STREET ADDRESS		
CITY-ST-ZIP	Charlotte, NC 28247		CITY ST-ZIP		
THTLE	Vice President		TITLE		
NAME	Marlene R. Ter Wint		NAME		
STREET ADDRESS	RESS P.O. Box 472664		STREET ADDRESS	DO NOT WR	RITE -
CITY-ST-ZIP	CART IN IIC, AC XVX		CITY-ST-ZIP		
TITLE	ne Secretary		TITLE	IN THIS SPA	ACE
NAME.			NAME STREET ADDRESS	3.,	
STREET ADDRESS CITY-ST-ZIP	P.D. Box 472664	., ***	CITY-ST-ZIP		
<b></b>	Charlotte, NC 282	41			
TITLE	Treasurer		TITLE .		
NAME STREET ADDRESS	Ronald R. Olsen		STREET ADDRESS		
CITY-ST-ZIP	P.O. BOX 472664 Charlotte, NC 282	47	CITY ST ZIP		
TITLE	CHAY TOTTE, No dod	,,	TITLE		
NAME	Į.		NAME		
STREET ADDRESS			CTREET ADDRESC		

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Fraul F. Olsen

4-10-02 704-341-4446

Date Daylime Phone &