

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000086934

1. Entity Name  
JOSEPH E. CLOUSE, INC.

Principal Place of Business  
315 CLEVELAND AVE. N.  
LEHIGH ACRES FL 33972

Mailing Address  
315 CLEVELAND AVE. N.  
LEHIGH ACRES FL 33972

2. Principal Place of Business  
315 Cleveland Ave N.  
Suite, Apt. #, etc.

3. Mailing Address  
315 Cleveland Ave N.  
Suite, Apt. #, etc.

City & State  
LeHIGH FLA  
Zip  
33972  
Country

City & State  
LeHIGH FLA  
Zip  
33972  
Country

4. FEI Number 65-1134788  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CLOUSE, LORRE J  
55 HOMESTEAD RD. N.  
LEHIGH ACRES FL 33936

## 7. Name and Address of New Registered Agent

Name  
LORRE J. Clouse  
Street Address (P.O. Box Number is Not Acceptable)  
315 Cleveland Ave N  
City  
LeHIGH FL Zip Code  
33972

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  
Lorrie Clouse

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  
D CLOUSE, JOSEPH E  
STREET ADDRESS  
CITY-ST-ZIP  
315 CLEVELAND AVE. N.  
LEHIGH ACRES FL 33972

TITLE  
NAME  
D CLOUSE, LORRE J  
STREET ADDRESS  
CITY-ST-ZIP  
315 CLEVELAND AVE. N.  
LEHIGH ACRES FL 33972

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V. PRES.  
LAWRENCE C. Partridge  
315 Cleveland Ave N  
LEHIGH FLA 33972

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Joseph E. Clouse 1-5-02 941 849-7828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 11, 2002 8:00 am  
Secretary of State  
01-11-2002 90027 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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