FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000003889 1. Entity Name CLOUDYREASON, INC. **Principal Place of Business** 475 NW 7TH STREET BOCA RATON FL 33432 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & St			PROFIT (SUSINESS)	Jul 07, 2003 8:00 am	ì	
475 NW 7TH STREET BOCA RATON FL 33422 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State A. FEI Number Country F. Name and Address of Current Registered Agent 7. Name and Address of New Registered Name BARK MORGAN 475 NW 7TH STREET BOCA RATON FL 33432 City F.	DOCU 1. Entity Nam	MENT #					Secretary of State 07-07-2003 90138 046 ***150.00		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country S. Conficate of Status Desired 6. Name and Address of Current Registered Agent R. BAFR MORGAN 4. FEI Number 6. Name and Address of Current Registered Agent R. BAFR MORGAN 4. FEI Number 7. Name and Address of New Registered 8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I an the obligations of registered agent. SIGNATURE Signature, hyped or currend remot registeres agent and tice it applicable. FILE NOW!!! FEE IS \$55.0.0 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITIE NAME SIRET ADDRESS CITY ST-2P TILE NAME SIRET AD	475 NW 7TH STREET			475 NW 7TH STREET					
City & State Country S. Cortificate of Status Desired S. Cortificate of Status Desired Rame Name Nam	2. Principal Place of Business			3. Mailing Address				11	
Zip Country Zip Country 5. Cortricate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Registered Agent 7. Name and Address of New Registered Registered Agent 7. Name and Address of New Registered Registered Agent 7. Name and Address of New Registered Registered Agent 7. Name and Address of New Registered Registered Agent Properties of Name 2. Street Address (P.Of. Bits Number is Not Acceptable) 6. 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. I an the obligations of registered agent. Signature, typed or press are of registered steel applicable. (NOTE Registered Agent signature received when rehisting) 0. ATE FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND MAKE STREET ADDRESS CITY-51-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. AND THE REGISTER ADDRESS CITY-51-2IP 11. ADDRESS CITY-51-2IP 1	Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
Country Zip Country Zip Country S. Certificate of Status Desired	City & State			City & State			4. FEI Number Applied For Not Applied For Not Applied	-	
BAER MORGAN 475 NW 7TH STREET BOCA RATON FL 33432 City City F 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. I an the obligations of registered agent Signature G FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET	Zip Country		y Zip	Zip Cour			_ \$8.75 Additional		
BAEK MORGAN 475 NW 7TH STREET BOCA RATON FL 33432 City City City F. 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. I an the obligations of registered agent. SIGNATURE G. FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND MAKE STREET ADDRESS CITY-ST-ZIP BDCA RATON FL 33432 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRE		6. Name and Add	ress of Current Registe	red Agent			7. Name and Address of New Registered Agent		
### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title	• · · · · · · · · · · · · · · · · · · ·				Name				
BOCA RATON FL 33432 City F 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. I an the obligations of registered agent. Signatrure Signatrure Signatrure Signatrure Signatrure Signatrure, yoed or protect canne or registered agent and title if applicable. (NOTE Registered Agent signature required when reintating) DATE FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AN ITILE NAME STREET ADDRESS CITY-ST-27P BOCA RATON FL 33432 TITLE NAME STREET ADDRESS CITY-ST-27P	•				Street A	Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I an the obligations of registered agent. SIGNATURE Signature									
SIGNATURE Signature, typed or printed rame of registered agent and title if applicable. (NOTE Registered Agents signature required when reinstating) DATE					City		FL Zip Code		
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP	the obligat	ions of registered ager	nt.				ed when reinstating) DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP							Trust Fund Contribution. Added to Fees	∍	
NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.		OFFICERS AND DIRECT		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\Box	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	Baer, Morgan 475 NW 7TH Stri		☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addit	ion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addit	ion	
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 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addit	ion	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address			☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addit	ion	
TITLE Delete TITLE	NAME STREET ADDRESS			☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addit	ion	
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			□ Delete	NAME STREET ADDRESS		☐ Change ☐ Addith	on	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: