

FILED
May 30, 2003 8:00 am
Secretary of State

5/5

05-05-2003 90113 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000027875

1. Entity Name
CLEARWATER PROPERTY MANAGEMENT, INC.



Principal Place of Business
1550-F3 McMULLEN BOOTH RD. #118
CLEARWATER, FL 33759

Mailing Address
1550-F3 McMULLEN BOOTH RD. #118
CLEARWATER, FL 33759

(NEW ADDRESS) →

(NEW ADDRESS) →

2. Principal Place of Business
105 N. LADY MARY DR.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 6081
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER, FL. 33755
Zip
33755
Country
U.S.

City & State
CLEARWATER, FL.
Zip
33758-6081
Country
U.S.

4. FEI Number
03-0408584

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAULIEU, SKEETER
1650-F3 McMULLEN BOOTH RD. #118
CLEARWATER, FL 33759

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

↑ (NEW ADDRESS) ↑

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 am familiar with, and accept the obligations of, registered agents.

SIGNATURE *[Signature]* PRESIDENT

4/28/03

(Signature, typed or printed name of registered agent and fee is acceptable.)

(NOTE: Registered Agent Signature required when necessary.)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SKEETER BEAULIEU 105 N. LADY MARY DR. CLEARWATER, FL. 33755	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SKEETER BEAULIEU 105 N. LADY MARY DR. CLEARWATER, FL. 33755	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SKEETER BEAULIEU 105 N. LADY MARY DR. CLEARWATER, FL. 33755	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SKEETER BEAULIEU 105 N. LADY MARY DR. CLEARWATER, FL. 33755	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 727-512-1966
Date Daytime Phone #

CRE034 (10/02)