

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90258 002 ***150.00

DOCUMENT # P02000062577

1. Entity Name
CLOVER LEAF ENTERPRISES, INC.



Principal Place of Business
1221 TALBOT AVE
TALLAHASSEE, FL 32308

Mailing Address
1221 TALBOT AVE
TALLAHASSEE, FL 32308

2. Principal Place of Business

4717 Dauphine Blvd
Suite, Apt. #, etc.

3. Mailing Address

4717 Dauphine Blvd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

04-3677543

Applied For

Not Applicable

Zip

32303

Country

Zip

32303

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELVIN, VIKKI L
1221 TALBOT AVE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

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

4717 Dauphine Blvd

City **Tallahassee**

FL

Zip Code

32303

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 agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PCEO** ☐ Delete
NAME **MELVIN, VIKKI L**
STREET ADDRESS **1221 TALBOT AVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **4717 Dauphine Blvd**
STREET ADDRESS **Tallahassee FL 32303**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)