

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

04-04-2003 90156 048 ***150.00

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1. Entity Name
CLEMONS ENTERPRISES INC.

Principal Place of Business
**5240 N.E. 50TH COURT
HIGH SPRINGS FL 32643**

Mailing Address
**5240 N.E. 50TH COURT
HIGH SPRINGS FL 32643**

35041314



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

81-0560252

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CLEMONS, GERALD E
RT. 4 BOX 40
BRANFORD FL 32008**

Name

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

City

FL

Zip Code

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gerald E. Clemons ☐ Delete RT. 4, Box 40 (President) Branford, FL 32008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dwayne E. Clemons ☐ Delete 2110 N.W. 55 St. Gainesville FL 32605 Vice President
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Bernice N. Clemons ☐ Delete RT. 4, Box 40 Secretary Branford, FL 32008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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CR2034 (10/02)

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:

Gerald Clemons **3-13-03** **0353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #