

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

0086478 AV

DOCUMENT # P02000085758

1. Entity Name
JOHN F. CLEMENTS, INC.



07-11-2003 90147 001 ****61.25
07-11-2003 90147 002 ****88.75

Principal Place of Business
3005 W. HELEN AVE
TAMPA FL 33611

Mailing Address
3005 W. HELEN AVE
TAMPA FL 33611

30051000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

82 055 0394

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

CLEMENTS, JOHN F
3005 W. HELEN AVE
TAMPA FL 33611

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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
D CLEMENTS, JOHN F
3005 W. HELEN AVE
TAMPA FL 33611

☐ Delete

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03

813-714-9632

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

55051044

JULY 07, 2003

P02000085758


JOHN F.
CLEMENTS, INC.

JOHN F. CLEMENTS,
INC.
3005 W. HELEN
AVE. TAMPA, FL.
33611

PHONE: 813-714-9632
FAX: 813-831-6706

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302 - 1500

TO WHOM IT MAY CONCERN,

TODAY I HAVE JUST RECEIVED MY (UBR), AND TO MY SURPRISE IT WAS NOT THE FIRST NOTICE. AS I READ THROUGH THE INFORMATION I DID SEE THAT THE (UBR) IS TO BE FILED EACH YEAR BETWEEN JAN, 1st AND MAY 1st. I WOULD LIKE TO TELL YOU THAT I NEVER RECEIVED A 1st NOTICE FOR FILING THE (UBR). I AM NOW AWARE OF THE DEADLINE FOR EACH YEAR AND WILL BE ON TIME IN THE FUTURE. AS PRESIDENT OF JOHN F. CLEMENTS, INC. I WOULD LIKE TO ASK IF YOU COULD PLEASE WAIVE THE \$ 400 LATE FEE, AS WE DID NOT RECEIVE A PRIOR NOTICE. ENCLOSED ARE THE TWO CHECKS FOR THE ORIGINAL FILING FEE OF \$ 150..

SINCERELY,



JOHN F. CLEMENTS