

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

08-20-2003 90053 011 \*\*\*158.75

0082137 AV

**DOCUMENT # P02000087394**

1. Entity Name

**WAYNE CLEMENTE ENTERPRISES INC.**



Principal Place of Business  
**13828 CRESTON PLACE**  
**WELLINGTON FL 33414**  
**US**

Mailing Address  
**13828 CRESTON PLACE**  
**WELLINGTON FL 33414**  
**US**

2. Principal Place of Business

3. Mailing Address

**6346-65 Lantana Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 38D**

City & State

City & State

**Lake Worth, FL**

Zip

Country

Zip

Country

**33463**

**USA**

4. FEI Number

**06-1643550**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLEMENTE, WAYNE**  
**13828 CRESTON PLACE**  
**WELLINGTON FL 33414**

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

**P**  
**CLEMENTE, WAYNE**  
**13828 CRESTON PLACE**  
**WELLINGTON FL 33414**

☐ Delete

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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)(l), 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

Date

Daytime Phone #

**8/15/03**

**521 841-5423**

CR2E034 (4/03)

Attachment  
86139374

**Wayne Clemente Enterprises, Inc.**  
**6346-65 Lantana Road, #38D**  
**Lake Worth, Florida 33463**  
**Phone: (561) 801-5423**

Florida Department of State  
Secretary of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Document #P02000087394**

To Whom It May Concern:

I am a new small business owner here in Florida. I recently changed my mailing address for the corporation because I was having trouble receiving mail. I recently received the what appears to be a second notice of the 2003 For Profit Uniform Business Report. Unfortunately, I did not receive the first notice. The report I received is after the May 1st deadline for early filing. If at all possible please waive the late fee of \$400.00. I am enclosing a payment in the amount of \$158.75, representing \$150.00 for the filing fee and \$8.75 for the Certificate of Status.

Thank you very much for considering this matter. If you should need to reach me, please contact me at the phone number referenced above.

Sincerely yours,



Wayne Clemente  
President