

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91776 014 \*\*\*158.75

0013963 FP

**DOCUMENT # P02000132390**

1. Entity Name  
**LHI CLEMATIS CORP.**



Principal Place of Business  
**4512 NORTH FLAGLER DR SUITE 201  
W PALM BCH FL 33401**

Mailing Address  
**4512 NORTH FLAGLER DR SUITE 201  
W PALM BCH FL 33401**



2. Principal Place of Business

3. Mailing Address

**4512 NORTH FLAGLER DR**

**PO BOX 6848**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE. 201**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**WEST PALM BEACH FL**

City & State  
**WEST PALM BEACH, FL**

4. FEI Number  
**38-366 7718**

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

**33407**

**USA**

**33405-6848**

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

**MAY, MARK R**  
**4512 NORTH FLAGLER DR SUITE 201**  
**W PALM BCH FL 33401**

Name  
**MAY, MARK R.**

Street Address (P.O. Box Number is Not Acceptable)  
**4512 NORTH FLAGLER DR.**

**STE. 201**

City  
**WEST PALM BEACH**

**FL**

Zip Code  
**33407**

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  
**D**  
**MAY, MARK R**  
**4512 NORTH FLAGLER DR SUITE 201**  
**W PALM BCH FL 33401**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D, P, S**  
**MAY, MARK R.**  
**4512 N FLAGLER DR. STE 201**  
**WEST PALM BEACH, FL 33407**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**KAROSAS, MICHAEL R.**  
**4512 N FLAGLER DR. STE 201**  
**WEST PALM BEACH, FL 33407**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO, TREASURER**  
**COVE, MICHAEL L**  
**4512 N FLAGLER DR STE 201**  
**WEST PALM BEACH, FL 33407**

☐ Change ☒ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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)(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

**4/29/03**

Date

**561 835 1790**

Daytime Phone #

CR2E034 (10/02)