

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90163 010 ***150.00

DOCUMENT # **P93000001143**

1. Entity Name
CLEARLAKE VENTURE INC ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1381-91 CLEARLAKE RD.

3. Mailing Address
3815 SUNWARD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cocoa FL

City & State
MERRITT ISLAND FL

4. FEI Number
59-3161347

Applied For
Not Applicable

Zip
32922

Country
BREVARD

Zip
32953

Country
ISLAND

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NORMAN DERMER

Street Address (P.O. Box Number is Not Acceptable)
3815 SUNWARD DR

City
MERRITT ISLAND

FL

Zip Code
32953

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

4/27/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES - TREAS
NORMAN DERMER
3815 SUNWARD DR
MERRITT ISLAND FL 32953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V PRES - SEC
BRADICE DERMER
3815 SUNWARD DR
MERRITT ISLAND FL 32953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN DERMER

Date

Daytime Phone #

4/27/03 321-636-9664

CR2E034B (12/02)