

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90255 019 ***150.00

DOCUMENT # P 940000 50807

1. Entity Name
 Clements Golden Phoenix Enterprises, Inc. *NE 1/4/01*

Principal Place of Business Mailing Address
 277 Royal Poinciana Way
 Suite 192
 Palm Beach FL 33480

2. Principal Place of Business 3. Mailing Address
 3135 SW Mapp Rd. 3135 SW Mapp Rd.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Palm City FL Palm City FL

Zip Country Zip Country
 34990 USA 34990 USA

4. FEI Number Applied For
 65-0509296 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Mintmire, Donald F.
 265 Sunrise Avenue
 Suite 204
 Palm Beach FL 33408

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Mintmire, Donald F. 277 Royal Poinciana Way #192 Palm Beach FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Clements, Henry T. Jr. 3135 SW Mapp Rd Palm City FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T D Rizzuti, Joseph R. 3135 SW Mapp Rd. Palm City FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S, D Ludlum, Bonnie K. 3135 SW Mapp Rd Palm City FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Samarthie, John 3135 SW Mapp Rd Palm City FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P, D Sirkis, Samuel P. 3135 SW Mapp Rd Palm City FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Joseph R. Rizzuti *04/30/01* 561-219-0132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)