2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P95000010082 1. Entity Name CLIPPER INVESTMENTS INC.				03 NOV -5 AM IO: 21 SECREDAY OF STATE TALLAHASSEE, FLORIDA			
Principal Plac 595 BAY ISLE SUITE 200 LONGBOAT K		Mailing Address 595 BAY ISLES RD. SUITE 200 LONGBOAT KEY FL 34228			TALLAHASSF		
1549	Place of Business RINGLING BLVD.		1549 RINGLING BLYD		. (44((44) 24 (4(4) 4(2) 4(4) 4(2) 4(2) 4		18116 1181 1881
Suite, Apt. #, etc. SuiTE 602 SuiTE 602 SuiTE 602					REINSTATEMENT GEO 3		
City & Star		City & State SARASOTA	FLORIE	0A	4. FEI Number 59-3303175		plied For ot Applicable
Zip 342		Zip 34236	Country USA		5. Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	registered Agent	Name		7. Name and Address of New Regi	stered Agent	
SCHIFINO, WILLIAM J					Mism J. Schifino P.O. Box Number is Not Acceptable)		
SCHIFINO & FLEISCHER, P.A.				ioms	Schifico Mangione +	Steady, P	$H_{}$
201 N. FRANKLIN ST., STE. 2700					npa City Centr, Si	uti 2600	
TAMPA FL 33602					·	Zio Cod	e
8. The above named entity submits this statement for the purpose of changing its registered office or registered							and accept
the obligations of registered agent.							
SIGNATURE							
SIGNATURE .	Signature, typed or printed name of registered agent of	nd title if applicable. (NOTE:	Registered Agent signate	re required	when reinstating)	- 5 - 0-3 DATE	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State				· <u>-</u>	9. Election Campaign Finance Trust Fund Contribution.	~ _ +	0 May Be I to Fees
10.	OFFICERS AND [DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUFFETT, THOMAS V % 595 BAY ISLES RD., STE. 210 LONGBOAT KEY FL 34228	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1549	FETT, THOMAS V RINGLING BLVA, SUITE	☑ Change . 60 2	☐ Addition
ITLE	V	[] p.u.		JAKA	ISOTA FL 34236	Change	
NAME	IRVING, TOM L	☐ Delete	TITLE NAME	IRVII	NG, TOM L	Lig Change	Addition \
TREET ADDRESS	3703 KINGSTON BLVD		STREET ADDRESS	12010	BEEFLOWER DR.		ĺ
CITY-ST-ZIP	SARASOTA FL 34238		CITY-ST-ZIP	BRAI	DENTON, FL 34206) .	
ITLE HAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		40002399 10/22/03010070	□ Change 〒 日 □ □ 114 ※#758.7	☐ Addition
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TREET ADDRESS			STREET ADDRESS		•		
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CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling 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 SOUTH STATES OF SIGNING OFFICER OF PRINTED NAME OF SIGNING OFFICER OF SIGNING OFFICER OFFICER OF SIGNING OFFICER OFFICER OFFICER OFFICER OF SIGNING OFFICER OFFICER

10/13/03 Date (941) 362-7011 Daytime Phone #