FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like employered.

SIGNATURE:

## Apr 22, 2002 8:00 am Secretary of State DOCUMENT # P95000044587 1. Entity Name 04-22-2002 90189 020 \*\*\*150.00 CLOUD VALLEY INVESTMENTS, INC. Principal Place of Business Mailing Address 6862 PHILLIPS PLACE COURT 6862 PHILLIPS PLACE COURT **CHARLOTTE NC 28210** CHARLOTTE NC 28210 2. Principal Place of Business Mailing Address Place Sikes Place ナリコ ikes Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For NC 65-0599833 Not Applicable Country A Country \$8.75 Additional 5. Certificate of Status Desired 282 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANDERS, DOUGLAS J ESQ -1 ALHMABRA PLAZA- 13627 Deering Bay Street Address (P.O. Box Number is Not Acceptable) SUITE 620- 704 CORAL GABLES FL 33134 3315 & City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) NAME NAME BRIGHAM, EDWARD J Brigham, Edward J. 10715 Sikes Place, Swite 120 STREET ADDRESS 6862 PHILLIPS PLACE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE NC 28210** Charlotte. $\wedge c$ TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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