

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90058 050 ***150.00

DOCUMENT # P95000055132

1. Entity Name
FOUR LEAF CLOVER, INC.

Principal Place of Business
2298 NW BOCA RATON BLVD
SUITE 15
BOCA RATON FL 33431

Mailing Address
P.O. BOX 897
BOCA RATON FL 33429-0897



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3200 N. FEDERAL HWY

3. Mailing Address

Suite, Apt. #, etc.
STE 128

Suite, Apt. #, etc.

City & State
BOCA RATON FLORIDA

City & State

4. FEI Number **65-0595427**

Applied For
 Not Applicable

Zip
33431

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

ROBINSON, RICHARD
1040 BANYAN RD
#501C
BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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
D
 NAME
ROBINSON, RICHARD
 STREET ADDRESS
1040 BANYAN RD #501C
 CITY-ST-ZIP
BOCA RATON FL 33431

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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: *Richard Robinson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD ROBINSON 1/9/2002 561-750-3036

Date

Daytime Phone #

CR2E034 (9/01)