

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90055 033 ***158.75

DOCUMENT # P95000061609

1. Entity Name
CLOVER HOUSE, INC.

Principal Place of Business
**11457 SAN JOSE BLVD., SUITE 108
 JACKSONVILLE FL 32223**

Mailing Address
**11457 SAN JOSE BLVD., SUITE 108
 JACKSONVILLE FL 32223**

2. Principal Place of Business
701 NORTHLAKE BLVD.
 Suite, Apt. #, etc.
SUITE 201

3. Mailing Address
701 NORTHLAKE BLVD.
 Suite, Apt. #, etc.
SUITE 201

City & State
NORTH PALM BEACH, FL.

City & State
NORTH PALM BEACH, FL

Zip
33408

Country
PALESTINE

Zip
33408

Country
PALESTINE



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3330302**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STEED, F LEE
 11457 SAN JOSE BLVD., SUITE 108
 JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name **F. LEE STEED**

Street Address (P.O. Box Number is Not Acceptable)
701 NORTHLAKE BLVD. SUITE 201

City **NORTH PALM BEACH** FL Zip Code **33408**

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 *F. Lee Steed* **F. LEE STEED**

4/19/01

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

(NOTE: Registered Agent signature required when re-stating)

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, 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 **DP** ☐ Delete
 NAME **STEED, F. LEE**
 STREET ADDRESS **11457 SAN JOSE BLVD., STE. 108**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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: *F. Lee Steed, President, F. Lee Steed*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 5618419515
 Date Daytime Phone #

001/242

CR2E034 (10/00)