

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90946 032 ***158.75

DOCUMENT # P95000061609

1. Entity Name
CLOVER HOUSE, INC.



Principal Place of Business
**701 NORTHLAKE BLVD. SUITE 201
NORTH PALM BEACH, FL 33408**

Mailing Address
**701 NORTHLAKE BLVD. SUITE 201
NORTH PALM BEACH, FL 33408**

2. Principal Place of Business
**533 NORTHLAKE BLVD.
SUITE #4
NORTH PALM BEACH, FL.**

3. Mailing Address
**533 NORTHLAKE BLVD.
SUITE #4
NORTH PALM BEACH, FL.**



☒ CHECK HERE IF MAKING CHANGES

City & State
NORTH PALM BEACH, FL.

City & State
NORTH PALM BEACH, FL.

4. FEI Number
59-3330302

Applied For
☐ Not Applicable

Zip
33408

Country
PALM BEACH

Zip
33408

Country
PALM BEACH

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEED, F LEE
701 NORTHLAKE BLVD. SUITE 201
NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

Name
STEED, FRANK L.

Street Address (P.O. Box Number is Not Acceptable)

533 NORTHLAKE BLVD. #4

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Frank L Steed* **FRANK L STEED**

4-10-03

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILED NOW WITH FEE IS \$150.00
ANNUAL FEE / 2003 FOR WHICH REPORT IS
MADE. CHECK FEEABLE TO FLORIDA DEPARTMENT OF STATE**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
STEED, F. LEE
701 NORTHLAKE BLVD, STE 201
NORTH PALM BEACH, FL 33408** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
STEED, FRANK L.
533 NORTHLAKE BLVD. STE. #4
NORTH PALM BEACH, FL. 33408** ☒ Change ☐ Addition

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank L Steed, Pres* **FRANK L. STEED, PRES**

4-10-03

5618419515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)