2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State
01-31-2002 90048 039 ***150.00

DOCUMENT # P96000052860

1. Entity Name
CLEARWATER REALTY, INC.

Principal Place of Business	Mailing Address
519 CLEVELAND STREET ~~#100~~ CLEARWATER FL 33755 US	519 CLEVELAND STREET. ~~#100~~ CLEARWATER FL 33755 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
519 Cleveland Street #103		519 Cleveland Street	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. # 103	
City & State CLEARWATER FL		City & State Clearwater, FL	
Zip 33755	Country US	Zip 33755	Country US

4. FEI Number 59-3386507 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, ELIZABETH
519 CLEVELAND ST. #100
CLEARWATER FL 33755

(only) →

7. Name and Address of New Registered Agent

Name (SAME)
Street Address (P.O. Box Number is Not Acceptable) 519 Cleveland Street #103
City Clearwater **FL** Zip Code 33755

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] Elizabeth A. Adams 14 January 2002
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ADAMS, ELIZABETH 519 CLEVELAND ST. ~~#100~~ 103 CLEARWATER FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: SIGNATURE REQUIRED [signature] Elizabeth A. Adams 14 Jan 2002 (727) 461-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #