

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093457

1. Entity Name

CLEMMER MAYHEW III, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90054 002 ***150.00

Principal Place of Business

Mailing Address

526 N LAKESIDE DR
 LAKE WORTH FL 33460
 US

526 N LAKESIDE DR
 LAKE WORTH FL 33460-3119
 US

2. Principal Place of Business

P.O. Box 988

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 988

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

65-7082306

Applied For

Not Applicable

Zip

Country

33460-0988

Palm Beach

Zip

Country

33460-0988

Palm Beach

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYHEW, CLEMMER III
 526 N LAKESIDE DR
 LAKE WORTH FL 33460

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	MAYHEW, CLEMMER III	
STREET ADDRESS	526 N LAKESIDE DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/2000

CR2E034 (9/99)