

FILED
Feb 20, 2003 8:00 am
Secretary of State

01-27-2003 90333 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000015493

1. Entity Name
CLC PROPERTIES, INC.



Principal Place of Business
1610 U.S. HIGHWAY 1
VERO BEACH FL 32960
US

Mailing Address
P.O. BOX 651235
VERO BEACH FL 32965
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0803406

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONNELL, RODNEY C
P.O. BOX 651235
VERO BEACH FL 32965

7. Name and Address of New Registered Agent

Name: RODNEY C. CONNELL

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

1610 U.S. Highway 1

City: VERO BEACH

FL

Zip 32960

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

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

(NOTE: Registered Agent signature required when reinstating)

RODNEY C. CONNELL - OWNER
PRES./DIR.

2/18/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable 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
D
CONNELL, RODNEY C
P.O. BOX 651235
VERO BEACH FL 32965 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONNELL, LESLY D
P.O. BOX 651235
VERO BEACH FL 32965 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 772-562-3883

CR2E034 (10/02)