

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90271 027 ***150.00

DOCUMENT # **p97000049237**

1. Entity Name

CLINDA Resources, INC.

Principal Place of Business

Mailing Address

Post Office Box 100789 POB 100789
Ft. Lauderdale FL 33310 Ft. Lauderdale FL 33310

A0049474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0580427

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

Beckwith CLINTON M
12685 Timber Pine Trail
Wellington FL 33414

Name

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

12685 Timber Pine TR.

Wellington

FL

Zip Code

33414

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, type 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **Beckwith CLINTON M.**
 STREET ADDRESS **12685 Timber Pine TR.**
 CITY-ST-ZIP **Wellington FL 33414**

TITLE **D** ☒ Change ☐ Addition
 NAME **Beckwith CLINTON M.**
 STREET ADDRESS **12685 Timber Pine TR.**
 CITY-ST-ZIP **Wellington FL 33414**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 #

Clinton Beckwith **APR 16 2001** **9545677424**

CR2E034 (1/1/00)