

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90009 038 \*\*\*158.75

0140432 AV

**DOCUMENT # P97000072802**

1. Entity Name  
**CLIPPER SERVICES II, INC.**

Principal Place of Business  
**6512 NORTHWEST 186 STREET  
 MIAMI LAKES FL 33015**

Mailing Address  
**6512 NORTHWEST 186 STREET  
 MIAMI LAKES FL 33015**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0786973**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, CARMEN  
 6512 NORTHWEST 186 STREET  
 MIAMI LAKES FL 33015**

Name **SEAN JOHNSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6512 NW 186<sup>th</sup> St.**  
 City **Miami Lakes** FL Zip **33015**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/7/02**

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	PD JOHNSON, CARMEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6512 NORTHWEST 186 STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE NAME	VD JOHNSON, <del>SAN</del> SEAN	<input type="checkbox"/> Delete
STREET ADDRESS	6512 NORTHWEST 186 STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD SEAN JOHNSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6512 NORTHWEST 186 ST	
CITY-ST-ZIP	MIAMI LAKES, FL 33015	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-07-02**  
 Date Daytime Phone #

CFR2E034 (9/01)