

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104535

1. Entity Name

CLAUD INTERNATIONAL, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90054 038 ***150.00

Principal Place of Business

Mailing Address

135 - 1ST STREET EAST, SUITE 8-205
TIERRA VERDE FL 33715

135 - 1ST STREET EAST, SUITE 8-205
TIERRA VERDE FL 33715-1783

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 59-3478890

Applied For
Not Applicable

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

ALDEN, MICHAEL H
100 - 2ND AVENUE SOUTH, SUITE 701
ST. PETERSBURG FL 33701

Name **MICHAEL T. CLAUD**
Street Address (P.O. Box Number is Not Acceptable)
9227 CAPTIVA CIRCLE
City **ST. PETE BEACH** FL Zip Code **33706**

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 *Michael J. Claud*

4/6/2000

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** ☐ Delete
NAME **CLAUD, MICHAEL**
STREET ADDRESS **135 - 1ST STREET EAST, SUITE 8-205**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

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

TITLE ☐ Delete
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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

4/6/00

Date

727-367-6111

Daytime Phone #

CR2E034 (9/99)