

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 19, 2001 8:00 am
Secretary of State**

02-19-2001 90075 007 ***150.00

DOCUMENT # P98000022932

1. Entity Name

CLRT, INC.

Principal Place of Business

3050 SILVESTRE DRIVE
FT MYERS FL 33901

Mailing Address

3050 SILVESTRE DRIVE
FT MYERS FL 33901

00018544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1930-6 Park Meadow Dr

3. Mailing Address

1930-6 Park meadow Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ft. myers FL

City & State

ft. myers FL

4. FEI Number 65-0820775

Applied For

Not Applicable

Zip

Country

33907 LEE

Zip

Country

33907 LEE

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

LINHART, TODD S
3050 SILVESTRE DRIVE
FT MYERS FL 33901

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 Todd S. Linhart

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, 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	<input type="checkbox"/> Delete
NAME	COOPER, JAMES	
STREET ADDRESS	2192 BRANDON STREET	
CITY-ST-ZIP	FT MYERS FL 33907	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, GARY	
STREET ADDRESS	2192 BRANDON STREET	
CITY-ST-ZIP	FT MYERS FL 33907	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	LINHART, TODD S	
STREET ADDRESS	3050 SILVESTRE DR	
CITY-ST-ZIP	FT MYERS FL 33901	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Todd S. Linhart TODD S. LINHART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-01 941337-2080

CR2E034 (10/00)