

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90436 034 ***150.00

0375713 AV

DOCUMENT # P98000051100

1. Entity Name
ST. CLAIR SOUTH, INC.

Principal Place of Business

~~679 SNUG ISLAND~~
~~CLEARWATER FL 33767-1830~~

Mailing Address

679 SNUG ISLAND
 CLEARWATER FL 33767-1830

2. Principal Place of Business

36 S.W. 5TH Way
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 81512
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL
33432
 Zip

City & State

BOCA RATON FL
33481
 Zip

4. FEI Number **59-3515633**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BARRINGER, BARRY
~~679 SNUG ISLAND~~
~~CLEARWATER FL 33767-1830~~

Name

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

36 S.W. 5TH Way
 City **BOCA RATON** FL Zip Code **33432**

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BARRINGER, BARRY	
STREET ADDRESS	679 SNUG ISLAND	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARRINGER, BARRY	
STREET ADDRESS	679 SNUG ISLAND	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARRINGER, BARRY	
STREET ADDRESS	679 SNUG ISLAND	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	36 S.W. 5TH Way	
STREET ADDRESS	BOCA RATON FL 33432	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	36 S.W. 5TH Way	
STREET ADDRESS	BOCA RATON FL 33432	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	36 S.W. 5TH Way	
STREET ADDRESS	BOCA RATON FL 33432	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 561 955 8858
 Date Daytime Phone #

CR2E034 (9/01)