

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066197

1. Entity Name

CL2 OPERATING SYSTEMS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91409 015 ***150.00

Principal Place of Business

Mailing Address

101 MAPLEWOOD DR.
SANFORD FL 32771

101 MAPLEWOOD DR.
SANFORD FL 32771-7910

2. Principal Place of Business

3. Mailing Address

4975 Fawn Ridge PL

4975 Fawn Ridge PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

SANFORD, FL

Zip

32771

Country

U.S.

Zip

32771

Country

U.S.

4. FEI Number

59-3539025

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

BURNEY, JAMES L
101 MAPLEWOOD DR.
SANFORD FL 32771

Name

JAMES L BURNEY

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

4975 Fawn Ridge PL

City

SANFORD

FL

Zip Code

32771

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 JAMES L BURNEY
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/18/00
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	<input type="checkbox"/> Delete
NAME	BURNEY, JAMES L	
STREET ADDRESS	101 MAPLEWOOD DRIVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURNEY, KIMBERLY L	
STREET ADDRESS	101 MAPLEWOOD DR	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JAMES L BURNEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/00

Daytime Phone #

407-321-3436

CR2E034 (9/99)