FILED

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000012768 DOCUMENT

1. Entity Name

COUNTY CLARE ENTERPRISES, INC.



Principal Place of Business Mailing Address 3419 NORTH ANDREWS AVENUE 3419 NORTH ANDREWS AVENUE OAKLAND PARK FL 88334, OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0893884 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BULFIN, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 2826 E. OAKLAND PARK BLVD. STE. 200 FORT LAUDERDALE FL 33306 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GODFREY, ROBERT NAME NAME 3419 N. ANDREWS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP OAKLAND PARK FL 33319 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME GLEESON, KIEREN NAME STREET ADDRESS 4 BALLBOUGH, DORRA ENNIS STREET ADDRESS CITY-ST-ZIP COUNTY CLARE, IRELAND CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

SIGNATURE:

Date

Daytime Phone #