

2002 PROFIT CORPORATION ANNUAL REPORT

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90150 018 ***150.00

DOCUMENT # PP00000194609 ✓
1. Entity Name CLN of SOUTH FLORIDA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8763 PINION DR
Suite, Apt. #, etc.
3. Mailing Address 8763 PINION DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State LAKE WORTH FL City & State LAKE WORTH FL 4. FEI Number 65-0918034 Applied For
Not Applicable
Zip 33467 Country USA Zip 33467 Country USA 5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name KEVIN A. KANE
Street Address (P.O. Box Number is Not Acceptable)
8763 PINION DR.
City LAKE WORTH FL Zip Code 33467

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 Kevin A Kane PRES 4-17-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRES
NAME KEVIN A. KANE
STREET ADDRESS 8763 PINION DR
CITY - ST - ZIP LAKE WORTH FL 33467TITLE VICE PRES
NAME DAVID P. KANE
STREET ADDRESS 12109 53 RD. NORTH
CITY - ST - ZIP ROYAL PALM BCH. FL 33411TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin A Kane Kevin A. Kane 4-17-02 (561) 649-8512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)