


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90977 028 ***150.00

DOCUMENT # P99000019469	
1. Entity Name CLN of SOUTH FLORIDA INC.	

DO NOT WRITE IN THIS SPACE

11021823

2. Principal Place of Business 8763 PINION DR Suite, Apt. #, etc.	3. Mailing Address 8763 PINION DR Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LAKE WORTH FL.	City & State LAKE WORTH FL
Zip 33467	Country
Zip 33467	Country

4. FEI Number 65-0918034	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
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. 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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Kevin A. Kane 8763 PINION DR LAKE WORTH FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAVID P. KANE 12109 53 RD ROAD N. ROYAL PALM BCH FL 33411
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12. 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 10 or on an attachment with an address, with or without other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

Date

561-649-8512

Daytime Phone #

CR2E034B (12/02)