

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90052 013 ***150.00

DOCUMENT # P99000035249

1. Entity Name
CL MANAGEMENT GROUP, INC.



Principal Place of Business
**1930-6 PARK MEADOW DRIVE
FORT MYERS FL 33907**

Mailing Address
**1930-6 PARK MEADOW DRIVE
FORT MYERS FL 33907**

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2. Principal Place of Business
3005 DEL PRADO BLVD

Suite, Apt. #, etc.
CAPE CORAL FL

City & State
33904

3. Mailing Address
3005 DEL PRADO BLVD

Suite, Apt. #, etc.
CAPE CORAL FL

City & State
33904

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0919539**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LINHART, TODD S
3050 SILVESTRE DR
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name **TODD S LINHART**
Street Address (P.O. Box Number is Not Acceptable)
15975 BRIARCLIFF LANE
FORT MYERS FL 33912
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 *Todd S Linhart* **TODD S. LINHART** **JAN 8-03**
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

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 **D** ☐ Delete
NAME **LINHART, TODD S**
STREET ADDRESS **3050 SILVESTRE DRIVE**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **D** ☐ Delete
NAME **COOPER, GARY D**
STREET ADDRESS **2192 BRANDON STREET**
CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE **D** ☐ Delete
NAME **COOPER, JAMES T**
STREET ADDRESS **2192 BRANDON STREET**
CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **TODD LINHART**
STREET ADDRESS **15975 BRIARCLIFF LN.**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☒ Change ☐ Addition
NAME **GARY COOPER**
STREET ADDRESS **9850 W. BAHIA VISTA RD**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE ☒ Change ☐ Addition
NAME **JAMES COOPER**
STREET ADDRESS **9850 W. BAHIA VISTA RD**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Todd S Linhart* **TODD S. LINHART** **JAN 8-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)