

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90149 018 ***150.00

DOCUMENT # p99000039688
 1. Entity Name
CLB Services, Inc.

Principal Place of Business Mailing Address
1058 NW 6 Drive Same
Boca Raton, FL 33486

950410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
above
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
above
 Suite, Apt. #, etc.
 City & State

4. FEI Number
65-0916954
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
Charlene Smith
701 NW 13 St.
C-9
Boca Raton, FL 33486

7. Name and Address of New Registered Agent
 Name Deborah Dugan
 Street Address (P.O. Box Number is Not Acceptable)
1058 NW 6 Drive
 City Boca Raton FL Zip Code 33486

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 Charlene J. Smith Charlene Smith 4/24/00
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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
 TITLE President ☒ Delete
 NAME Charlene Smith
 STREET ADDRESS 701 NW 13 St. C-9
 CITY-ST-ZIP Boca Raton FL 33486
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
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 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE President ☐ Change ☒ Addition
 NAME Deborah Dugan
 STREET ADDRESS 1058 NW 6 Drive
 CITY-ST-ZIP Boca Raton, FL 33486
 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
 TITLE ☐ Change ☐ 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: Deborah Dugan 4/24/00 561 750-5512
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)