2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # Mar 24, 2000 8:00 am Secretary of State P99000049406 1. Entity Name CLEAR LAKE PROPERTIES, INC. 03-24-2000 90067 022 ***150.00 Principal Place of Business Mailing Address P. O. Box 30249 3358-A Meridian Way No. West Palm Beach FL Palm Beach Gardens FL 33410 33420-0249 C0044429 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Gregory D. Little Street Address (P.O. Box Number is Not Acceptable) 3358-A Meridian Way North Palm Beach Gardens FL 33410 City Zip Code 8. The above named ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TITLE **PSTD** NAME NAME Gregory D. Little STREET ADDRESS STREET ADORESS 3358-A Meridian Way North CITY-ST-ZIF CITY-ST-ZIP Palm Beach Gardens FL 33410 ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ~ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 supplieriental 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

all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>Gregory D</u>

ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver

changed, or on an attachmen

SIGNATURE: