

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057713

1. Entity Name : **CLOVER CONSULTING INC.**

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90010 042 \*\*\*150.00

Principal Place of Business Mailing Address  
2685 NORTH ALBATROSS ROAD 2685 NORTH ALBATROSS ROAD  
SUITE C SUITE C  
DELRAY BEACH FL 33444 DELRAY BEACH FL 33436-8602

2. Principal Place of Business 3. Mailing Address  
1077 Fairfax Circle West 1077 Fairfax Circle West  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Boynton Beach, FL Boynton Beach, FL  
Zip Country Zip Country  
33436 USA 33436

4. FEI Number Applied For  
650931963 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
LAVOIE, SHAWN T  
2685 NORTH ALBATROSS ROAD  
SUITE C  
DELRAY BEACH FL 33444  
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.

SIGNATURE Shawn Lavoie  
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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2685 NORTH ALBATROSS ROAD		STREET ADDRESS	Kate Lavoie	
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP	SAME AS NEW ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Shawn Lavoie - President 3/15/00 561-649-5395  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #