Feb-29-00 09:22 305

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90181 030 ***150.00

DOCUMENT # P99000059938

1. Entity Name
CLASMET, INC.

Principal Place of Business / Mailing Address
3516 CRAIG DR.
APOPKA FL 32703

B0089388

2. Principal Place of Business
APOPKA FL
Suite, Apt. #, etc.
NONE
City & State
APOPKA FL
Zip 32703 Country SEMINOLE

3. Mailing Address
3516 CRAIG DR.
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE CORAL GABLES
FLA. 33114-4479

7. Name and Address of New 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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required if agent is changing registered office address.) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Robert W. MACAULAY 563 CREEK STONE LN STONE MT. GA 30087	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Donald G. MACAULAY 3516 CRAIG DR. APOPKA FL 32703	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SEC~~ V.P.-GEORGE W. MACAULAY 2244 SORRENTO AVE. APOPKA FL 32712	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES./SEC. RUTH B. MACAULAY 3516 CRAIG DR. APOPKA FL 32703	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OF 11

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

CR2E034 (9/99)

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: Donald G. Macaulay DONALD G. MACAULAY 5-1-2000 407-788-2210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #