

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

C.L.N. EXPRESS, INC.

Principal Place of Business

791 N. PINE ISLAND RD.
SUITE # 204

Mailing Address

791 N. PINE ISLAND RD.
SUITE 204

PLANTATION, FL 33324

PLANTATION, FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0948324

Applied For

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

SPIEGEL & UTRERA, P.A.

343 ALMEIRA AVE.

CORAL GABLES, FL. 33134

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: 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 KNOWLEDGE IS \$150.00

AFTER MAY 1, 2000 Fee will be \$600.00

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	Delete
	PSTD COREY NICHOLS	791 N. PINE ISLAND RD # 204	PLANTATION, FL 33324	☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
				☐

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

954-558-4765

Daytime Phone #

COPY
00 SEP 27 AM 11:00SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CPZED34 (9/89)

600003416286-1
-10/06/00-01024-004
****150.00 ****150.00

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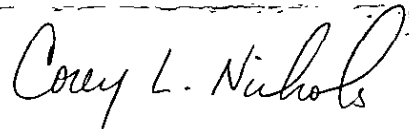
September 20, 2000

C. L. N. Express, Inc.
791 North Pine Island Road #204
Plantation, FL. 33324

To whom it may concern,

My name is Corey L. Nichols and I am the Owner of C. L. N. Express, Inc. and I feel that I have received a notice from the Division of Corporations in error. I have mailed out my check for \$150.00 (check # 1093) on April 11, 2000 per my accountant's instructions. I have checked with my bank and that check # has not been cashed. I am enclosing another check for \$150.00 (check # 1186) and a copy of my original 2000 Uniform Business Report sheet that I mailed 5 monthes ago. I am sorry for any misunderstandings and I hope that the information I provide will be sufficient enough to clear things up. Thank you and have a nice day !

Sincerely,



Corey L. Nichols

Owner : C.L.N. Express, Inc.