2000 UNIFORM BUSINESS REPORT (UBR)

1of2

DOCUMENT # P99000079993

1. Entity Name

C.L.N. EXPRESS, INC.

Principal Place of Business	Mailing Address
791 N. PINE ISLAND RD. SUITE #204 PLANTATION, FL 33324	791 N. PINE ISLAND RD. SUITE 204 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

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

DO NOT WRITE IN THIS SPACE

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

SPIEGEL & UTRERA, P.A.
343 ALMEIRA AVE.
CORAL GABLES, FL. 33134

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: 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	PSTD COREY NICHOLS 791 N. PINE ISLAND RD #204 PLANTATION, FL 33324 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
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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: Corey Nichols 4/10/00 954-558-4765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1

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

Corey L. Nichols

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