٠	2001	UNIF	ORM	BUSINESS	REPO	RT	(UB
$\overline{\mathbb{C}}$	OCUM	/ENT#	P99	00008896	5		

CLARKEY & ASSOCIATES, INC.

Principal	Place of	Business
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Mailing Address

222 SOUTH WESTMONTE DRIVE

222 SOUTH WESTMONTE DRIVE

SUITE 116 **SUITE 116** ALTAMONTE SPRINGS FL 32714

ALTAMONTE SPRINGS FL 32714

2. Principal Pace of Business 3. Mailing Address 208 Still Forest Treese 308 Still Forest Terrace

Suite, Apt. #, etc.		Suite, Apt. #, et	С.	DO NOT WRITE IN THIS SPACE			
5-100		5-100					
City & State		City & State		4. FEI Number 59-3601709	Applied For		
Sanford	Florida	Sanford.	Florida	00 000 11 00	Not Applicable		
Zip 32771	Country U. S. A.	Zip 32771	Country U.S.A.	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 & U	TRERA, P.A.		Name				

343 ALMERIA AVENUE CORAL GABLES FL 33134

Name				
Street Address (P.O. Box N	lumber 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.

9.	This corporation is eligible to satisfy its Intar	ngible
	Tax filing requirement and elects to do so.	
	(See criter a on back)	

Signature, typed or printed name of registered agent and title it applicable

FILE NOW !! FEE IS \$150.00 After MAY 1, 2()1 Fee will be \$550.00 Make Check Paval le to Department of State

OFFICERS AND DIRECTORS 11. ☐ Defete FOLEY, LAVENA J NAME NAME 308 Still Forest Terrace, 5-100 222 SOUTH WESTMONTE DRIVE SUITE 116 STREET ADDRESS STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP CITY-ST-ZIP Sanford, FL STD ☐ Delete TITLE FOLEY, EDWARD NAME NAME 308 Still Forest Terrace, 5-100 222 SOUTH WESTMONTE DRIVE SUITE 116 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-7IP CITY-ST-ZIP Sanford, FL ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDR: SS CITY-ST-ZIF CITY-ST-ZIP Change Addition ☐ Delete TITLE THIF Folly, Robert
308 still Forest Terrace, 5-100 NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sanford, FL 32771 TITLE. ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP

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 sepon 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.

13. Thereby 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

SIGNATURE:

SEFICE: OR DIRECTOR