nt By: JOHNSTON, THOMAS & BILLINGTON; 954 942 3958; Apr-

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91328 016 ***150.00

DOCUMENT # S37183

Entity Name
CLEWISTON INDUSTRIES, INC.

Principal Place of Business	Mailing Address
8730 US HWY ONE MICCO FL 32976	PO BOX 510127 Melbourne Bch. FL 32951

Principal Place of Business	3. Mailing Address
8730 US HWY ONE	PO BOX 510127
Suite, Apt. #, etc.	Suite, Apt. #, etc. Melbourne Bch FL 32951
City & State: MICCO, FL	City & State: Melbourne FL
Zip: 32976 Country: Brevard	Zip: 32951 Country: Brevard

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0247496 ☐ 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
JOSEPH PALADIN 6830 S HWY A1A Melbourne Bch., FL 32951	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Michele Paladin

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. - DIR. JOSEPH PALADIN 6830 S. HWY A1A Melbourne Bch., FL 32951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. MICHELE PALADIN 6830 S. HWY A1A Melbourne Bch. FL 32951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS. - DIR. BARRY Billington 2355 E. ATLANTIC BLVD #301 Pompano Beach, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Michele Paladin 4/26/01