FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 22, 2002 8:00 am Secretary of State 05-22-2002 90241 017 ***150.00

Daylime Phone i

DOCUMENT # \$ 5251 1. Entity Name CLEARWATER CLESTOM	7 VACHTS INC		\	03-22-2002 90241	017	130.00	
CLEARWATER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			667934			
DO NOT WRITE	E IN THIS SI	PAC	Έ				
2. Principal Place of Business 2340 DELLEAIR RD							
Suite, Apt. #, etc.	. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State ,	City & State			4. FEI Number 3064 929	ber 3064 929 Applied For Not Applicable		
Zip Country 33764	Zip	Coun	try	5 Certificate of Status Desired	\$Q 75 Addition 1		
77107	1		Mana	7. Name and Address of Current Registered Agent			
DO NOT W	/PITE		Name Drou	AIR, ROBERT J			
IN THIS SPACE			Street Address 22 40	(P.O. Áox Number is Not Acceptable)			
IN THIS SPACE		Su	Sure # 150				
			CityCLEA	PWATER PR	Zip Co 33	764	
8. The above named entity submits this statement	for the purpose of changing its	register	ed office or registe	ered agent, or both, in the State of Florida.	,		
SIGNATURE	nt and title if applicable. (NOT	E: Registere	d Agent signature require	vd when reinstating) DATE			
9. This corporation is eligible to satisfy its intangib Tax filling requirement and elects to do so. (See criteria on back)			19 15 5150.00 5 1550 dd 5 261.25 epanment of St	10. Election Campaign Financing Trust Fund Contribution.		.00 May Be ed to Fees	
11. OFFICERS ANI		0000000	- I			£	
NAME DROUBIE, ROBERT 2 240 BELLERINA	PRESIDENT POPECTOR DROUBIE, ROBERT J 2240 BELLEAIR RD SUITE 150 CLEARWATER, R 33764		E ET Address -51 Zip			CR2E034B (12/01)	
TITLE CCRARWATER,	16 33167	mL				2E0(
NAME. STREET ADDRESS		nan Stri	E Et address			8	
CITY-ST-ZIP			-ST-ZIP				
TITLE		TITL NAM	·680886866666				
STREET ADDRESS	و د د مینید د	30000	ET ADDRESS - ST - ZIP	DO NOT WRIT	E		
TITLE		S TUTL		IN THIS SPACE	Ξ		
NAME STREET ADDRESS		nan Stri	R EET ADDRESS				
CITY-ST-ZP		2000000	-ST-ZP				
TITLE NAME		TITL NAM					
STREET ADDRESS CITY-ST-ZIP		1000000	ET ADDRESS - ST - ZIP				
TITLE		TITL					
NAME STREET ADDRESS	•	NAN STR	E Et address				
Crty-St-ZiP		1,000,000	-ST-BP				
indicated on this report or supplemental report	is true and accurate and that npowered to execute this repo empowered.	my signa ort as req	ture shall have the uired by Chapter (ection 119.07(3)(i), Florida Statutes. I further certify is same legal effect as if made under oath; that I am a 607, Florida Statutes; and that my name appears in	an offic Block	er or director 11 or on an	
KOLL WOLLD	HELL LOGE, RPRINTED NAME OF SIGNING OFFICE		J DROUG TOR		530	-7521	