

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90289 021 ***150.00

0506355

DOCUMENT # S97028

1. Entity Name

PAUL V. CLOUGH, P.A.

Principal Place of Business

Mailing Address

1860 N PINE ISLAND RD
 104
 PLANTATION FL 33322-5234
 US

1860 N PINE ISLAND RD
 104
 PLANTATION FL 33322-5234
 US

645780



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0303899

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLOUGH, PAUL V.
6211 MW 18 COURT
SUNRISE FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

1860 N Pine Island Rd

Ste 104

City PLANTATION, FL

Zip Code 33322

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

Paul Clough

1/24/2001

Signature, typed or printed name of registered agent and applicable fee

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE DOWN! FEE IS \$180.00
 After MAY 1, 2001 Fee will be \$350.00
 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 PD
 NAME CLOUGH, PAUL V.
 STREET ADDRESS 6211 NW 18TH CT
 CITY-ST-ZIP SUNRISE FL

TITLE Change Addition
 NAME 901 Mockingbird Lane
 STREET ADDRESS PLANTATION, FL
 CITY-ST-ZIP 33324

TITLE
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 CITY-ST-ZIP

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:

Paul Clough

Paul V. Clough 4/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2436

Daytime Phone #

CR2E034 (10/00)