


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90184 030 ***150.00

DOCUMENT # **V06507**

1. Entity Name
CLEARY PLUMBING, INC.



Principal Place of Business
**13340-86TH ROAD N
WEST PALM BEACH FL 33412**

Mailing Address
**13340-86TH ROAD N
WEST PALM BEACH FL 33412**

2. Principal Place of Business
2471 SANDSTONE CT.

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 211315

Suite, Apt. #, etc.

City & State
WELLINGTON FL.

City & State
W.P.B. FL.

Zip **33421** Country **U.S.A.** Zip **33414** Country **U.S.A.**

4. FEI Number **65-0304966** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CLEARY, P
13340-86TH ROAD NORTH
WEST PALM BEACH FL 33412**

7. Name and Address of New Registered Agent

Name **CLEARY, P.**

Street Address (P.O. Box Number is Not Acceptable)
2471 SANDSTONE CT.

City **WELLINGTON** FL Zip Code **33414**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CLEARY, PAUL D.	12935 52ND RD. N	W PALM BEACH FL 33411	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	CLEARY, PAUL	2471 SANDSTONE CT.	WELLINGTON FL. 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

ADDRESS CHANGE ONLY

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)