

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46940

1. Entity Name

EDDIE CLEMONS AND CO., INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90068 043 ***150.00

Principal Place of Business

RT 2 BOX 693 E
BLOUNTSTOWN FL 32424
US

Mailing Address

RT 2 BOX 693E
BLOUNTSTOWN FL 32424
US

2. Principal Place of Business

19073 NE SR69

Suite, Apt. #, etc.

3. Mailing Address

19073 NE SR69

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BLOUNTSTOWN FL

City & State

BLOUNTSTOWN FL

4. FEI Number

59-3139887

Applied For

Not Applicable

Zip

32424

Country

CALHOUN

Zip

32424

Country

CALHOUN

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

CLEMONS, JAMES E. (EDDIE) JR.
RT. 2 BOX 693E
BLOUNTSTOWN FL 32424

Name

SAME

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

20998 NE Lee Farm Road

City

BLOUNTSTOWN

FL

Zip Code

32424

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

Eddie Clemons

President

4-27-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
NAME CLEMONS, EDDIE
STREET ADDRESS RT 2 BOX 693E
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE Pres.-D ☒ Change ☐ Addition
NAME CLEMONS, Eddie
STREET ADDRESS 20998 NE Lee Farm Road
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Eddie Clemons

Eddie Clemons

4-27-01

(850) 674-5089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)