2000 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2000 8:00 am Secretary of State DOCUMENT # P98000002293 1. Entity Name 02-08-2000 90072 038 ***150.00 A CLEAR SOLUTION INC. Principal Place of Business Mailing Address 2251 N.E. 4TH COURT 2251 N.E. 4TH COURT R0016613 BOCA RATON FL 33431-6031 **BOCA RATON FL 33432** 2. Principal Place of Business Mailing Address 350 <u>6. 24</u> 350*モ*・み4 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For 65-0821095 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASSIDY, MARIE (P.O. Box Number is Not Acceptable) 2251 N.E. 4TH COURT **BOCA RATON FL 33431** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE President M cole Change TITLE **√** Delete CASSIDY, MARIE NAME NAME 2251 N.E. 4TH COURT STREET ADDRESS STREET ADDRESS vieraBeh, FL 33404 CITY-ST-ZIP CiTY-ST-ZIP **BOCA RATON FL 33432** Change □ * · · · · · Delete TITLE HAGMAN, NICOLE assie NAME NAME 2251 NE 4 CT STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-7IP CITY-ST-7IP TITLE I YEAR Delete Douglas NAME NAME E a4th St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Secretar TITLE TITLE Daglas Brewster II NAME 350 E 24+h Riviere Beh 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.

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 disection 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

SIGNATURE:

SIGI

FILED