

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G89726

1. Entity Name

CLEAR FILE, INC.

Principal Place of Business

1936 PREMIER ROW  
ORLANDO FL 32809  
US

Mailing Address

1936 PREMIER ROW  
ORLANDO FL 32809-6206  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2400202

Applied For

Not Applicable

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

*McMILLEN*  
MCMULLEN, WARREN JR  
225 S. SWOOPE AVENUE, STE. 105  
MAITLAND FL 32751-5786

Name

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

City

FL

Zip Code

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

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, 2000 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  
NAME SHARMA, MAUREEN  
STREET ADDRESS 6124 DONEGAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE TS  
NAME SHARMA-SERROS, NINA  
STREET ADDRESS 13522 HERON CAY CT.  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

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

TITLE V  
NAME SHARMA, ASHEEM K  
STREET ADDRESS 2245 JESSICA LANE  
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

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

TITLE V  
NAME SHARMA, SATISH  
STREET ADDRESS 2433 RAVENCROFT COURT  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Mauree Sharma*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-00

407-851-6620

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90075 009 \*\*\*158.75

00007492



DO NOT WRITE IN THIS SPACE