

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
May 25, 2001 8:00 am
Secretary of State

05-02-2001 90149 026 ***150.00

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
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

MCMULLEN, WARREN JR
225 S. SWOPE AVENUE, STE. 105
MAITLAND FL 32751-5788

Name: ASHEEM SHARMA
Street Address (P.O. Box Number is Not Acceptable)
1936 PREMIER ROW
City: ORLANDO, FL Zip Code: 32809

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 resigning)

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

TITLE	PO	☐ Delete
NAME	SHARMA, MAUREEN	
STREET ADDRESS	6124 DONEGAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	TS	☐ Delete
NAME	SHARMA-SERROS, NINA	
STREET ADDRESS	13522 HERON CAY CT.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	V	☐ Delete
NAME	SHARMA, ASHEEM	
STREET ADDRESS	2245 JESSICA LANE	
CITY-ST-ZIP	KISSIMEE FL 34744	
TITLE	V	☐ Delete
NAME	SHARMA, SATISH	
STREET ADDRESS	2433 RAVENCROFT COURT	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	☒ Change ☐ Addition
NAME	SHARMA, MAUREEN	
STREET ADDRESS	6124 DONEGAL DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	TS	☐ Change ☒ Addition
NAME	SHARMA-SERROS, NINA	
STREET ADDRESS	13522 HERON CAY CT.	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	P D	☒ Change ☐ Addition
NAME	SHARMA, ASHEEM	
STREET ADDRESS	2245 JESSICA LANE	
CITY-ST-ZIP	KISSIMEE, FL 34744	
TITLE	D VP	☒ Change ☐ Addition
NAME	SHARMA SATISH	
STREET ADDRESS	2433 RAVENCROFT COURT	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	IRENE SHARMA	☐ Change ☒ Addition
NAME	2245 JESSICA LANE	
STREET ADDRESS	KISSIMEE FL 34744	
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASHEEM SHARMA

4-25-01

Daytime Phone #

Date

407-851-5966

CR2E034 (10/00)