

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H17716

1. Entity Name

CLEARVIEW SATELLITE SYSTEMS, INC.

Principal Place of Business

P.O. BOX 946
BRANFORD FL 32008

Mailing Address

P.O. BOX 946
BRANFORD FL 32008

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 59-2391084

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

GRIMMETT, JOEL F.

~~RT 5, BOX 744~~ 21838 47 DR.
LAKE CITY FL 32055 32024

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, 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 NAME ☐ Delete
P GRIMMETT, JOEL F., JR
STREET ADDRESS ~~RT 5, BOX 744~~ 21838 47 DR.
CITY-ST-ZIP LAKE CITY FL 32024

TITLE NAME ☐ Delete
ST GRIMMETT, AMANDA
STREET ADDRESS ~~RT 5, BOX 744~~ 21838 47 DR.
CITY-ST-ZIP LAKE CITY FL 32024

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200004597022--3
CITY-ST-ZIP -09/18/01--01045--028

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS ****150.00
CITY-ST-ZIP ****150.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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

Date

Daytime Phone #

9/6/01

904-935-2179

FILED

01 SEP 11 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0448802

CR2E034 (10/00)

9/6/01

202

Division of Corporations
Uniform Business Report filing
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 59-2391084
H 17746

to whom it may concern:

I am very sorry this is late I have been very ill the last 9 mos. in and out of the hospital and this was overlooked, my last stay in the hospital was August.

I would appreciate it very much if you would accept the \$150.00 payment. I really can't afford the late payment of \$550.00

I will try and make sure this doesn't happen again.

Thank you for your cooperation in this matter.

Sincerely,

Paul Gummert, Pres.
Clearview Satellite Systems, Inc.
P.O. Box 946

over →