

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90172 024 \*\*\*\*61.25

**DOCUMENT # N97000004076**

1. Entity Name  
**CLEAR GENESIS, INC.**



Principal Place of Business

**3514 SUNRISE DR  
KEY WEST FL 33040  
US**

Mailing Address

**3514 SUNRISE DR  
KEY WEST FL 33040  
US**

2. Principal Place of Business

**2420 MAR EAST ST.**

3. Mailing Address

**2420 MAR EAST ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TIBURON, CA**

City & State

**TIBURON, CA**

4. FEI Number **65-0777985**

Applied For

Not Applicable

Zip  
**94920**

Country  
**USA**

Zip  
**94920**

Country  
**USA**

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

**LINCOLN, JOHN T  
3514 SUNRISE DR  
KEY WEST FL 33040**

Name

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

**10911 N. NEWPORT AVE.**

City  
**TAMPA**

FL

Zip Code  
**33612**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOHN T. LINCOLN**

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

(NOTE: Registered Agent signature required when reinstating)

**1/24/03**  
DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LINCOLN, JOHN T  
3514 SUNRISE DR  
KEY WEST FL 33040** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**10911 N. NEWPORT AVE.  
TAMPA, FL 33612** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPTD  
TAYLOR, LINCOLN J  
7441 DIGBY GREEN  
ALEXANDRIA VA 22315** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**APT. 10C  
255 SOUTHWEST HARRISON  
PORTLAND, OR 97201** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPSD  
LINCOLN, BRADLEY  
3514 SUNRISE DR  
KEY WEST FL 33040** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**APT. 10C  
255 SOUTHWEST HARRISON  
PORTLAND, OR 97201** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

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☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

**1/24/03 (A15) TB9-0334**

CR2E037 (10/02)