

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90098 013 ***150.00

037243

DOCUMENT # P00000055840

1. Entity Name

CRYSTAL CLEAR MANAGEMENT, INC.

Principal Place of Business

8340 ULMERTON ROAD
 SUITE 208
 LARGO FL 33771

Mailing Address

8340 ULMERTON ROAD
 SUITE 208
 LARGO FL 33771

726888



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1582 Dinnerbell LN

Suite, Apt. #, etc.

3. Mailing Address

1582 Dinnerbell LN

Suite, Apt. #, etc.

City & State

Dunedin, FL

City & State

Dunedin FL

4. FEI Number

593652152

Applied For

Not Applicable

Zip

34698

Country

Pinellas

Zip

34698

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CAIN, CHRISTOPHER B
8340 ULMERTON ROAD
SUITE 208
LARGO FL 33771

Name

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

1582 Dinnerbell LN

City

Dunedin

FL

Zip Code

34698

7. Name and Address of New Registered Agent

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]

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

TITLE ☐ Delete
 NAME **President**
 STREET ADDRESS **Michael Shepherd**
 CITY-ST-ZIP **1582 Dinnerbell LN**
Dunedin FL 34698

TITLE ☐ Delete
 NAME **Vice-President**
 STREET ADDRESS **Christopher Cain**
 CITY-ST-ZIP **1582 Dinnerbell LN**
Dunedin FL 34698

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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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, title or other like empowered.

SIGNATURE:

[Signature] **Michael Shepherd** **01-29-01** **727**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)