

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91898 034 \*\*\*150.00

0424845 AV

**DOCUMENT # P00000069252**

1. Entity Name  
**CLEAR IMAGES POOL, INC.**



Principal Place of Business  
**11225 HAWK HOLLOW  
LAKE WORTH FL 33467**

Mailing Address  
**11225 HAWK HOLLOW  
LAKE WORTH FL 33467**



2. Principal Place of Business

3. Mailing Address

**7656 wiles Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CS FL**

City & State

**CS FL**

Zip

**33067**

Country

**Broward**

Zip

**33067**

Country

**USA**

4. FEI Number

**52-2368830**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CARBO, CHRISTOPHER R  
11225 HAWK HOLLOW  
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name **SAME NAME**

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

**7656 wiles Rd**

City

**COCAL SPRINGS**

FL

Zip Code

**33067**

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

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D / P** ☐ Delete  
NAME **CARBO, CHRISTOPHER R**  
STREET ADDRESS **11225 HAWK HOLLOW**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D / V** ☐ Change ☒ Addition  
NAME **GIACHOS Themis, D**  
STREET ADDRESS **7656 wiles RD**  
CITY-ST-ZIP **Coral springs FL 33067**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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 607, 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**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03**

Date

**954 227 7371**

Daytime Phone #

CR2E034 (10/02)