

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072467

1. Entity Name

CRYSTAL CLEAR AUTO ENTERPRISE INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90014 007 ***150.00

Principal Place of Business

1401 - B LAKE BRADFORD RD.
TALLAHASSEE FL 32304

Mailing Address

1401 - B LAKE BRADFORD RD.
TALLAHASSEE FL 32304

2. Principal Place of Business

1802 Lake Bradford Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6705
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3659368

Applied For

Not Applicable

Zip

Country

32304

U.S.

Zip

Country

32301

U.S.

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

DANIELS, MICHAEL
2769 OAK PARK CT.
TALLAHASSEE FL 32308

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

Michael Daniels

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-01

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	PD	<input type="checkbox"/> Delete
NAME	JUDGE, LYNETTE D	
STREET ADDRESS	1401 - B LAKE BRADFORD RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DANIELS, MICHAEL J	
STREET ADDRESS	1401 - B LAKE BRADFORD RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judge, Lynette D	
STREET ADDRESS	1802 Lake Bradford Rd	
CITY-ST-ZIP	Tallahassee, FL 32304	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniels, Michael J.	
STREET ADDRESS	1802 Lake Bradford Rd	
CITY-ST-ZIP	Tallahassee, FL 32304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Daniels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01 (850) 350-1135

Date Daytime Phone #

CR2E034 (10/00)