

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072467

1. Entity Name

CRYSTAL CLEAR AUTO ENTERPRISE INC.

FILED

02 MAR 18 AM 11:57

Principal Place of Business

1802 LAKE BRADFORD RD.  
TALLAHASSEE FL 32304  
US

Mailing Address

PO BOX 6705  
TALLAHASSEE FL 32301  
US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3659368

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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, 2002 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 PD  
NAME JUDGE, LYNETTE D  
STREET ADDRESS 1802 LAKE BRADFORD RD.  
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ Delete

TITLE VD  
NAME DANIELS, MICHAEL J  
STREET ADDRESS 1802 LAKE BRADFORD RD.  
CITY-ST-ZIP TALLAHASSEE FL 32304 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Managing Director  
NAME Lerby A. Polley  
STREET ADDRESS 1802 Lake Bradford Road  
CITY-ST-ZIP Tallahassee, FL 32304 ☐ Change ☒ Addition

TITLE Secretary  
NAME Jerome DAVIS  
STREET ADDRESS 1802 Lake Bradford Rd.  
CITY-ST-ZIP Tallahassee FL 32304 ☐ Change ☒ Addition

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

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

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

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

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:

*Lynette D. Judge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02  
Date

813 416 7724  
Daytime Phone #

CR2E034 (9/01)