

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90765 042 ***150.00

DOCUMENT # P00000072467

1. Entity Name
CRYSTAL CLEAR AUTO ENTERPRISE INC.



Principal Place of Business
1802 LAKE BRADFORD RD.
TALLAHASSEE FL 32304
US

Mailing Address
PO BOX 6705
TALLAHASSEE FL 32301
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1802 Lake Bradford Rd.
Suite, Apt. #, etc.

City & State
Tallahassee, FL

Zip
32304

Country

4. FEI Number 59-3659368

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DANIELS, MICHAEL
2769 OAK PARK CT.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
Name Michael Daniels
Street Address (P.O. Box Number is Not Acceptable)
1205 ME CASKILL AVE
City Tallahassee FL Zip Code 32304

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 Michael Daniels 3/10/03
Signature, typed or printed name 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	PD	<input type="checkbox"/> Delete	TITLE	Gerald, mole	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDGE, LYNETTE D		NAME	md Director	
STREET ADDRESS	1802 LAKE BRADFORD RD.		STREET ADDRESS	2234 mercer Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32304		CITY-ST-ZIP	Coccy FL 32926	
TITLE	MD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARDLEY, LEROY		NAME		
STREET ADDRESS	1802 LAKE BRADFORD RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32304		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JEROME		NAME		
STREET ADDRESS	1802 LAKE BRADFORD RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32304		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Lynette Judge 04-30-03
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0048082 AV

CR2E034 (10/02)