APR. 30. 2002 2:33PM KRUGER & CO

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90064 022 ***158.75

DOCUMENT # P02000080799

1. Entity Name
Clear Alternative Services and Equipment, Inc.

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000290

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2. Principal Place of Business	3. Mailing Address
5205 52nd Way Suite, Apt. #, etc.	Same Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State
Zip: 33409 Country: Palm Bch	Zip: - Country

4. FEI Number: 65-1040870 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Colleen T. Gaudy

Street Address (P.O. Box Number is Not Acceptable): 5205 52nd Way

City: W.P.B. FL Zip Code: 33409

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: Colleen T. Gaudy
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 4/29/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: President NAME: Colleen T. Gaudy STREET ADDRESS: 5205 52nd Way CITY-ST-ZIP: WPB, FL. 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Tresurer NAME: Colleen Gaudy STREET ADDRESS: 5205 52nd Way CITY-ST-ZIP: W.P.B. FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Colleen T. Gaudy Colleen T. Gaudy 4/29/02 561-818-2848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #