

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90370 040 ***150.00

DOCUMENT # P01000038540



1. Entity Name
CLEAR AND CARE CORPORATION

Principal Place of Business

140 NE 28TH AVE

504

POMPANO BEACH FL 33062

Mailing Address

140 NE 28TH AVE

504

POMPANO BEACH FL 33062

2. Principal Place of Business

400 E ATLANTIC BRD#19

Suite, Apt. #, etc.

POMPANO BEACH FL

City & State

FLORIDA USA

Zip
33060

Country

3. Mailing Address

400 E ATLANTIC BRD#19

Suite, Apt. #, etc.

POMPANO BEACH FL

City & State

FLORIDA USA

Zip

33060

Country



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number

65-1114480

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CHAMBERLAND, GILES

140 NE 28TH AVE

#504

POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 **P** ☐ **Delete**
NAME **CHAMBERLAND, GILLES**
STREET ADDRESS **140 NE 28 AVE #504**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/03 754-235-1320

Date

Daytime Phone #

CR2E034 (10/02)