

8/12

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

08-12-2002 90013 011 ***550.00

DOCUMENT # P01000098711

1. Entity Name

CLEAR VISION CLEANING, INC.

Principal Place of Business

4134 GULF OF MEXICO DR. STE 302
 LONGBOAT KEY FL 34228

Mailing Address

4134 GULF OF MEXICO DR. STE 302
 LONGBOAT KEY FL 34228

42661

2. Principal Place of Business

723V W. SAND CREEK RD
 Suite, Apt. #, etc.

3. Mailing Address

723V W. SAND CREEK RD
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

65-1147437

Applied For

Not Applicable

Zip 32819 Country ORANGE Zip 32819 Country ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HODGSON, RICHARD

4134 GULF OF MEXICO DR. STE 302
 LONGBOAT KEY FL 34228

Name

Street Address (P.O. Box Number is Not Acceptable)

723V W. SAND CREEK RD

City

Ocala

FL

Zip Code

32819

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 P
 NAME HODGSON, RICHARD
 STREET ADDRESS 4134 GULF OF MEXICO DR. STE 302
 CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE V
 NAME O'CONNOR, LEONARD
 STREET ADDRESS 4134 GULF OF MEXICO DR. STE 302
 CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE V
 NAME BRAMHAM, RICHARD
 STREET ADDRESS 4134 GULF OF MEXICO DR. STE 302
 CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 723V W. SAND CREEK RD
 CITY-ST-ZIP Ocala FL 32819

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/02

Date

407-345-5505

Daytime Phone #

CR2E034 (9/01)