

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/21

FILED
Sep 04, 2003 8:00 am
Secretary of State

08-25-2003 90094 015 ***150.00

DOCUMENT # P02000113146 1. Entity Name CLEAR IMAGE PRINTING & COPY CENTER INC.			
Principal Place of Business 3711 TROUT RIVER BLVD. JACKSONVILLE FL 32208		Mailing Address 3711 TROUT RIVER BLVD. JACKSONVILLE FL 32208	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3214303		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILBERT, LEON M 5536 GRAND CAYMAN RD. JACKSONVILLE FL 32226		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 _____		DATE 8-18-03	
(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 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 NAME STREET ADDRESS CITY-ST-ZIP	P GILBERT, LEON M 5536 GRAND CAYMAN RD. JACKSONVILLE FL 32226 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILBERT, LINDA M 5536 GRAND CAYMAN RD. JACKSONVILLE FL 32226 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 info empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 8-18-03	Daytime Phone # 766-1860

CR2E034 (4/03)

Attachment # ~~55055675~~
~~PO2000113146~~

August 18, 2003

State of Florida
Corporation Division
P O Box 1500
Tallahssee, Fla. 32302

re: Clear Image Printing & Copy Center Inc

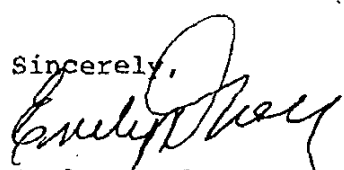
Gentlemen:

We are enclosing a statement for the above mentioned Corporation,
~~we did not and have not received a prior notice to renew the above~~
Corporation.

We are enclosing our check in the amount of \$150 to cover the cost
of renewal of our corporastion.

Thanking you in advance,

Sincerely,


Evelyn Noel

cc; file