2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/25

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.

[redacted]

Principal Place of Business	Mailing Address
3711 TROUT RIVER BLVD. JACKSONVILLE FL 32208	3711 TROUT RIVER BLVD. JACKSONVILLE FL 32208

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip ___ Country ___	Zip ___ Country ___

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
GILBERT, LEON M 5536 GRAND CAYMAN RD. JACKSONVILLE FL 32226	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 ______________________ 8-18-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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 8-18-03 766-1860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # [redacted] 55055675
P02000113146

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