

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

01-14-2003 90060 008 ***150.00
P02000132764

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 31 PM 4:54

DOCUMENT # **P02000132764**

1. Entity Name
CLEAN THOUGHTS, INC.

DO NOT WRITE IN THIS SPACE

30008893

2. Principal Place of Business
1777 TIFFANY PINES DR.
Suite, Apt. #, etc.

3. Mailing Address
1777 TIFFANY PINES DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL.
Zip
32225
Country
USA

City & State
JACKSONVILLE FL.
Zip
32225
Country
USA

4. FEI Number ☒ Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **PATRICIA A. CHRISTENSON**
Street Address (P.O. Box Number is Not Acceptable)
1777 TIFFANY PINES DRIVE

City **JACKSONVILLE** FL Zip Code **32225**

8. This 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) ☒

**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 **PIT**
NAME **PATRICIA A. CHRISTENSON**
STREET ADDRESS **1777 TIFFANY PINES DRIVE**
CITY-STATE-ZIP **JACKSONVILLE, FL. 32225**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **V**
NAME **JOHN M. CHRISTENSON**
STREET ADDRESS **1777 TIFFANY PINES DRIVE**
CITY-STATE-ZIP **JACKSONVILLE, FL. 32225**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PATRICIA A. CHRISTENSON

PATRICIA A. CHRISTENSON 1-2-03 904-221-0128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

1/31/03