

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002679

1. Entity Name

C. CLEAR PRODUCTIONS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90228 010 ***150.00

Principal Place of Business Mailing Address
1313 S. MILITARY TRAIL, SUITE 327 1313 S. MILITARY TRAIL, SUITE 327
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-7634
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0547238

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MRS BARBARA FRANCIS
3721 N.W. 47TH TERRACE
SUITE 110
LAUDERDALE LAKES FL 33319

Name **MRS. BARBARA FRANCIS**

Street Address (P.O. Box Number is Not Acceptable)
3121 NW 47TH TERRACE

SUITE 110

City **LAUDERDALE LAKES FL** Zip Code **33319**

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 **BARBARA FRANCIS Barbara Francis President APRIL 22, 2000**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTSD**
STREET ADDRESS **FRANCIS, BARBARA L**
CITY-ST-ZIP **1313 S. MILITARY TRAIL, SUITE 327**
DEERFIELD FL 33442

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Barbara Francis President 04/22/2000 954-360-0530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)