

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103531

1. Entity Name

CLEAR SKY ENTERPRISES, INC.

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90023 023 ***150.00

Principal Place of Business

Mailing Address

320 LEGEND TRAIL
INDIAN RIVER SHORES FL 32963

320 LEGEND TRAIL
INDIAN RIVER SHORES FL 32963-3926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0731677

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

SPOSA, HELEN H
320 LEGEND TRAIL
INDIAN RIVER SHORES FL 32963

Name WILLIAM B. MCBRIDE
Street Address (P.O. Box Number is Not Acceptable)
5041 HARBOR TOWN LN
City FT. MYERS FL Zip Code 33919-4650

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

William B. McBride

(NOTE: Registered Agent signature required when reinstating)

2/21/00

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 TT

TITLE D
NAME MCBRIDE, WILLIAM B
STREET ADDRESS 320 LEGEND TRAIL
CITY-ST-ZIP INDIAN RIVER SHORES FL 32963

TITLE
NAME William B. McBride
STREET ADDRESS 5041 Harbor Town Ln.
CITY-ST-ZIP Fort Myers, FL 33919-4650

TITLE
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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:

William B. McBride

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)