2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P96000103531 CLEAR SKY ENTERPRISES, INC. 04-04-2001 90138 045 ***150.00 Principal Place of Business Mailing Address 320 LEGEND TRAIL 320 LEGEND TRAIL INDIAN RIVER SHORES FL 32963 INDIAN RIVER SHORES FL 32963 00031106 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0731677 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCBRINE, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) **5041 HARBORTOWN LANE** FORT MYERS FL 33919-4654 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible --10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE MCBRIDE, WILLIAM B NAME NAME STREET ADDRESS STREET ADDRÉSS **5041 HARBORTOWN LANE** CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919-4650 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.