

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90016 034 ***150.00

DOCUMENT # P97000062771

1. Entity Name

CLEAR BLUE CHEMICALS AND PRODUCTS, INC.

Principal Place of Business

2778 NORTH HARBOR CITY BOULEVARD
SUITE 1
MELBOURNE FL 32935

Mailing Address

P.O. BOX 410444
MELBOURNE FL 32941-0444

2. Principal Place of Business

2103 DURBAN CT.

Suite, Apt. #, etc.

3. Mailing Address

2103 DURBAN CT.

Suite, Apt. #, etc.

City & State

ROCKLEDGE, FLORIDA

City & State

ROCKLEDGE, FLORIDA

Zip

32955

Country

USA

Zip

32955

Country

USA

4. FEI Number

59-3464365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GABEL, LISA
500 INVERNESS AVENUE
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name **DOUGLAS J. GABEL**

Street Address (P.O. Box Number is Not Acceptable)

2103 DURBAN CT.

City

ROCKLEDGE

FL

Zip Code

32955

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 **Douglas J. Gabel**

DOUGLAS J. GABEL

1/27/01

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GABEL, LISA	
STREET ADDRESS	500 INVERNESS AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	S	<input type="checkbox"/> Delete
NAME	GABEL, DOUGLAS J	
STREET ADDRESS	500 INVERNESS AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Douglas J. Gabel

DOUGLAS J. GABEL

Date

1/27/01

Daytime Phone #

314-589-3071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)