## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

MATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P97000066701 May 19, 2000 8:00 am Secretary of State CLEARVIEW ADVANTAGE, INC. 05-19-2000 90062 016 \*\*\*150.00 Mailing Address Principal Place of Business 6570 FAIRWAY GARDENS DR 6570 FAIRWAY GARDENS DR **BRADENTON FL 34203 BRADENTON FL 34203-8843** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0770859 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HANSON, NANCY C -Street-Address (P.O.-Box-Number is Not Acceptable) 7282 55TH AVE E STE 181 **BRADENTON FL 34203** Zip Code FL 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, 2000 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 12. 11. **PCEO** Addition ☐ Delete TITLE TITLE HANSON, ROBERT D NAME 7282 55TH AVE E, SUITE 181 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE HANSON, NANCY C NAME NAME 7282 55TH AVE E, SUITE 181 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDENTON FL 34203** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Change Addition Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS 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 in changed, or on an attachment with an address, with all other like simpowered.