## FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT #1007000006/016

**FILED** May 21, 2002 8:00 am Secretary of State

1. Entity Name Clear Essentials,	Inc.		05-21-2002	91189 001 ***150.00
DO NOT WRITE	IN THIS SP	PACE		
2. Principal Place of Business 119 TomoKa Trail Suite, Apt. #, etc.	3. Mailing Address 119 TomoKa Trail Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Longwood, Fla.	Lingwood, Fla.		4. FEI Number 3411 503	Applied For Not Applicable
Zip Ja779 Country A	32779	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
DO NOT WI IN THIS SP			7. Name and Address of Current Registe HB, Friedland (P.O. Box Number is Not Acceptable) Coum Dak Centu	e Drive
			37.00	L 292750
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 Fforida.				
SIGNATURE Signature, typed or printed name of registered agent as	nd lutie if applicable. (NOTE:	: Registered Agent signature require	d when rematating) CA	iε
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND 0	After May Amended Make Check Payab	ay 1 Fee is \$150.00 1 Fee is \$550.00 UBR is \$61:25 le to Department of Ste		\$5.00 May Be Added to Fees
TITLE TYCSI dent  AME Tudith & Friedla STREET ADDRESS 340 Cown Ouk Cow City-St-Zip Longwood, Florid		TITLE NAME STREET ADDRESS. CITY: ST-ZIP		CRZE034B (12/01)
TITLE NAME STREET ADDRESS CITY-SI-ZIP		TILE NAME STREET ADDRESS GOTY: ST-ZIP		CRZE
TITLE NAME STREET ADDRESS CHY-ST-ZIP		TITLE NAME STREET ADDRESS CITY ST. 2P.	DO NOT WE	Sector Wilder Age - Act the Cate of the Ca
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TITLE NAME STREET ADDRESS CITY- ST-ZIP		TITLE NAME STREET ADDRESS CITY: ST: ZIP		
13. Thereby 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 on an attachment with an address, with all other like empowered.				
SIGNATURE: 4/3/02 407-788:2490 psignature and types or printes name of signing officer on sirector Date Date Date Date Date Date Date Date				
() Grendent.				