

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085304

1. Entity Name

CLR SALES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90009 007 ***150.00

Principal Place of Business 1247 GOVERNORS CREEK DR. GREEN COVE SPRINGS FL 32043 US	Mailing Address 1247 GOVERNORS CREEK DR. GREEN COVE SPRINGS FL 32043-8752 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2829 N. GLENOAKS Blvd Suite 203 Burbank, CA 91505 USA
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DO NOT WRITE IN THIS SPACE

City & State	4. FEI Number	59-3540307	Applied For
Zip	Country	91505	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent RICK, CARLBERT L 1247 GOVERNORS CREEK DR. GREEN COVE SPRINGS FL 32043	7. Name and Address of New Registered Agent Name: BONITA DASHER CPA Street Address (P.O. Box Number is Not Acceptable): 401 WALNUT ST City: GREEN COVE SPRINGS FL Zip Code: 32043
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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: Carlbert Rick DATE: 3 March 00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P CALBERT, RICK L 1247 GOVERNORS CREEK DR GREEN COVE SPRINGS FL 32043	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2829 N. Glenoaks Blvd. Suite 203 Burbank, Ca. 91504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carlbert Rick DATE: 3 March 00 1-310-489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: 3590

CR2E034 (9/99)