## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P98000085518 1. Entity Name CLEAR WATER INDUSTRIES, INC. 04-11-2001 90041 007 \*\*\*158.75 Principal Place of Business Mailing Address 7028 PELICAN ISLAND DR 7028 PELICAN ISLAND DR **TAMPA FL 33634** TAMPA FL 33634 UUU45U44 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0869058 Not Applicable Zip 7in Country 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 Presley, Larry V Street Address (P.O. Box Number is Not Acceptable) 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May, Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Change ☐ Delete TITLE **Z00**0 TITLE PRESLEY, LARRY V NAME NAME STREET ADD STREET ADDRESS TOTAL LOST AVE CITY-ST-ZI CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE GIOVANELLI, JOYCE A NAME NAME STREET ADDRES STREET ADDRESS CITY-ST-7IP TONT ENDERSA CITY-ST ☐ Addition TITLE TITLE ☐ Delete SANSCRAINTE, SANDY C NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE GOSWAMI, DR. D Y NAME NAME **MECHANICAL ENGINEERING 220 MEB** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32611** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE KLAUSNER, JAMES F NAME NAME DEPT OF MECHANICAL ENGINEERING STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32611** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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.

SIGNING OFFICER OR DIRECTO