

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042216

1. Entity Name
CLEAR & AWAY, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90270 045 ***150.00

Principal Place of Business
**1700 W. INT'L. SPD. WAY BLVD.
DAYTONA BEACH FL 32114**

NEW ADDRESS!!!



Patricia L. Hathaway, O.D.
63 E. Bayshore Dr.
Port Orange, FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3574607**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, MICHAEL A
2435 HOLLYWOOD BLVD SUITE 204
HOLLYWOOD FL 33020

Name **Edward Paterniti, CPA**
Street Address (P.O. Box Number is Not Acceptable) **The Boulevard Suite C-10**
555 W. Granada Blvd.
City **Ormond Beach** FL Zip Code **32174**

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)

DATE

1-10-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HATHAWAY, PATRICIA**
STREET ADDRESS **2188 8TH AVENUE**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Change ☐ Addition
NAME **NEW ADDRESS!!!**
STREET ADDRESS **Patricia L. Hathaway, O.D.**
CITY-ST-ZIP **63 E. Bayshore Dr.**
Port Orange, FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-01 (904) 253-2730

CR2E034 (10/00)