

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046844

1. Entity Name

CLEAR CHOICE MANAGEMENT, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90006 032 ***150.00

Principal Place of Business

20505 US HWY. 19 N., #333
CLEARWATER FL 33764

Mailing Address

20505 US HWY. 19 N., #333
CLEARWATER FL 33764

2. Principal Place of Business

13729 SAN JUAN Ave
Suite, Apt. #, etc.

3. Mailing Address

13729 SAN JUAN Ave
Suite, Apt. #, etc.

City & State

Hudson Florida
Zip 34667 Country USA

City & State

Hudson Florida
Zip 34667 Country USA

4. FEI Number

59-3578844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STACY, ELIZABETH A
~~20505 US HWY. 19 N., #333~~
~~CLEARWATER FL 33764~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13729 SAN JUAN Ave
Hudson
City FL Zip Code 34667

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

TITLE PS
NAME STACEY, ELIZABETH A
STREET ADDRESS 13729 SAN JUAN AVE
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE VT
NAME STACEY, JEFFERY
STREET ADDRESS 13729 SAN JUAN AVE
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/01 707 9438788

CR2E034 (10/00)

0367985