

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90028 047 ***550.00

DOCUMENT # P99000053622

1. Entity Name
CLEARVIEW HOLDINGS, INC.



Principal Place of Business
**% TRIDENT CORPORATE SERVICES
KINGS COURT 1ST FLOOR, BAY STREET
NASSAU, BAHAMAS,**

Mailing Address
**% CLEARVIEW HOLDINGS, INC.
294 FERNFOREST DR.
BRAMPTON, ONTARIO CA, L6R 1-B5**

2. Principal Place of Business
**c/o Sandra Read
Suite, Apt. #, etc.
410 Windward Passage
City & State
Clearwater FL
Zip
33767**

3. Mailing Address
**% Accountables Inc #306
Suite, Apt. #, etc.
12157 W. Linebaugh Ave #306
City & State
Tampa FL
Zip
33626-1732 Hillsborough**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0926054** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **Richard F. Limmer**
Street Address (P.O. Box Number Is Not Acceptable)
**12157 W. Linebaugh Ave #306
City Tampa FL Zip Code
33626-1732**

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Richard F. Limmer**

Signature, typed or printed name of registered agent and title if applicable.

Richard F. Limmer

(NOTE: Registered Agent's signature required when reinstating)

6/17/03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **AMAN, BAL**
STREET ADDRESS **294 FERN FOREST DRIVE**
CITY-ST-ZIP **BRAMPTON, ON**

TITLE **PTS** ☐ Delete
NAME **READ, SANDRA**
STREET ADDRESS **100 BRICKYARD WAY #44**
CITY-ST-ZIP **BRAMPTON, ON**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Sandra A. Read
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

6/17/03

DATE

443-3174 (727)

DAYTIME PHONE #

CRZE034 (10/02)