	UNIFORM BUSI				
DOGUMENT # 1990000 91135				SECRETARY OF STATE	
CLEARCOMM, INC.			u i ^{ger}	00 OCT 16	
Principal Place of Business 1299 Main ST. 4C OUNEDIN, FC. 34698		Mailing Address 687 ALDERMAN RD. #108 PALM HARBY, FL 34483			
2. Principal Place of Business		3. Mailing Address 687 ALDERMAN RD.		•	
Suite, Apt. #, etc.		Suite, Apt. #. etc.		DO NOT WRITE IN THIS SPACE	
City & State DUNK DIW , FL		PALM HARAR, M.		4. FEI Number 3603W2	Applied For Not Applicable
34698 PINEURS		Zip Country 34683 PINELLAS		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered	
RIUL GENTSEN					
2518 ROLLING DAKS DR. Street Address (F				s (P.O. Box Number is Not Acceptable)	
PALM HARBY, FL. 34683				FL	Zip Code
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)					
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 \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750 Make Check Payable to Department of State				tate	\$5.00 May Be Added to Fees
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11 Change
NAME STREET ADDRESS CITY-ST-ZIP	PARS. RIUK GENTSKN 1518 ROLLING BAKS DR. PALM HARSA, PL. 346	□ Delete · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003441 -10/27/000 ****150.00	55.2—7 1018—006
TITLE NAME STREET ADDRESS CHY-ST-ZIP	STICI UNTRUD GENTSED 2518 RULLING DAKS DI POLM HORBON, FL. 346	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	room nonger fe. and	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		. □ . Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
13. I hereby certify that the information supplied with this filling 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: 10/11/UD					

ClearComm, Inc. 687 Alderman Rd. #208, Palm Harbor, Fl. 34683

Sirs;

This letter is to request a re-instatement of ClearComm, Inc. I didn't receive the 2000 Uniform Business Report (UBR) in the mail. After calling your dept., I received a blank form and sending it in with this explanation.

Enclosed is a check for \$150.00 for the re-instatement. I thank you for your help in this matter and appreciate your understanding.

If you have any questions, please call me at 1-800-587-1963.

Sincerely yours,

71.14

Rick G Gertsen

President

ClearComm, Inc.