2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106053

1. Entity Name

CLEARANCED.COM, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90641 039 ***150.00

	•						,					
Principal Place of Business 318 INDIAN TRACE #532 WESTON FL 33326			318 ± #532	Mailing Address 318 INDIAN TRACE #532 WESTON FL 33326								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				FEI Number 65-096758	7		pplied For ot Applicable	
Zip Country			Zip	Zip Countr			5.	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of	Current Register	ed Agent	L	<u> </u>	7.	Name and Address of New	Registered Ag	jent		
						Name						
ROGGE, MARK							Street Address (P.O. Box Number is Not Acceptable)					
	IN TRACE		_=						~/ ~~~~~~			
532												
WESTON FL 33326						City			FL	Zip Code	e	
	named entity		ement for the purp	oose of changing its	registere	ed office or re	egistered a	gent, or both, in the State of F	lorida. I am fa	miliar with,	and accept	
ine obliga		.,oo ugo	1/11:					· //	12/22	,		
SIGNATURE	Signature, typed o	x printed some of regist	ered agent and title if app	nlicable (NOT	Registere	d Agent signature	required when	reinstating)	20/1C			
				1		g			<u> </u>			
		FEE IS \$150						9. Election Campaign F	inancing	\$5.0	0 May Be	
		3 Fee will be \$						Trust Fund Contributi			to Fees	
	K Payable to	Florida Depart										
10.	-	OFFICE	RS AND DIRECTO		11.		Α	DDITIONS/CHANGES TO OF		_		
TITLE	D D	A 7017		☐ Delete	TITLE				;	Change	☐ Addition	
NAME "	ROGGE, M				NAM		•					
STREET ADDRESS CITY-ST-ZIP	318 INDIAN Weston F					ET ADDRESS -ST-ZIP						
	WESTON	L 33320								<u> </u>		
TITLE				☐ Delete	TITLE					Change	☐ Addition	
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NAME				NAME								
STREET ADDRESS	l	•			STRE	ET ADDRESS						

12. 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 truestee empewhere to execute this effort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the property with a statutes.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/03 (94) 385-3149 Date Gaytime Phone #