

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0013907

DOCUMENT # P99000108904

1. Entity Name

CLEAR HORIZON WINDOW CLEANING, INC.

05-16-2001 90381 033 ***150.00

Principal Place of Business

**3435 PHILLIPS HWY STE B-207
 JACKSONVILLE FL 32207**

Mailing Address

**3435 PHILLIPS HWY STE B-207
 JACKSONVILLE FL 32207**

2. Principal Place of Business

3630 North Ride Drive

3. Mailing Address

P.O. Box 57157

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3615360

Applied For

Not Applicable

Zip

32223

Country

USA

Zip

32241-7157

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BAUCOM, MELISSA
 3435 PHILLIPS HWY STE B-207
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **MELISSA BAUCOM**

Street Address (P.O. Box Number is Not Acceptable)
3630 North Ride Drive

City **Jacksonville**

FL

Zip Code **32223**

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]

2/1/01

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 **P** ☐ Delete
 NAME **VALLIERE, EUGENE**
 STREET ADDRESS **11556 CYPRESS BEND CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **VP** ☐ Delete
 NAME **BAUCOM, MELISSA V**
 STREET ADDRESS **5233 PALMER AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01 904-268-9992

Date

Daytime Phone #

CR2E034 (10/00)