

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

V 40262

1. Entity Name

CLEAR IMPRESSIONS UNLIMITED, INC

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90206 031 ***150.00

Principal Place of Business

Mailing Address

SUITE - E
4065 - L.B. McLEOD
ORL-FLA 32811

SUITE - E
4065 - L.B. McLEOD
ORL-FLA 32811

2. Principal Place of Business

3. Mailing Address

4065 - L.B. McLEOD

4065 - L.B. McLEOD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE - E

SUITE - E

City & State

City & State

ORL FLA

ORL-FLA

Zip
32811

Country

USA

Zip

32811

Country

USA

4. FEI Number

593136629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D. W. McLEOD
SUITE E
4065 L.B. McLEOD
ORL FLA 32811

Name

D. W. McLEOD

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

SUITE E

4065 - L.B. McLEOD

City

ORL

FL

Zip Code

32811

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 reinstalling)

DATE

4-05-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	JANICE L. JOHNSON	
STREET ADDRESS	6605 H.B. BLVD	
CITY-ST-ZIP	ORL FLA 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P-C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY WILBURN	
STREET ADDRESS	SUITE E 4065 L.B. McLEOD	
CITY-ST-ZIP	ORL FLA 32811	
TITLE	M-D/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. W. McLEOD	
STREET ADDRESS	SUITE E 4065 L.B. McLEOD	
CITY-ST-ZIP	ORL FLA 32811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-00

Date

Daytime Phone #

401
291-2691

CR2E034 (9/99)