

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

V 40262

1. Entity Name

CLEAR IMPRESSIONS INC

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90032 005 ***150.00

A0049595

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59313-6629	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
7. Name	Address of New Registered Agent

PLACE OF BUSINESS

SUITE 205

\$

MAILING

ORL - FLA

ADDRESS

32805

USA

J-D. SAXON
SUITE 205
2172 BRUTON BLVD
ORL FLA

Name

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

City

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

J-D. SAXON

J-D. SAXON

4-06-01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	MARY WILBURN	165 PARK DR	CAROL TOWN AT 30117		
VP	J-D. SAXON	SUITE 205	2172 BRUTON BLVD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
		ORL FLA 32805			
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

4-06-01

Date

Daytime Phone #

407 256 2476

CR2E034 (11/00)