FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91463 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V40262

1. Entity Name
CLEAR IMPRESSIONS UNLIMITED, INC.

Principal Place of Business	Mailing Address
2172 BRUTON ROAD STE 205 ORLANDO, FL 32805 US	2172 BRUTON ROAD STE 205 ORLANDO, FL 32805 US

2. Principal Place of Business	3. Mailing Address
5901 OLEANDER	P.O.B. 1365
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: ORLANDO FLA	City & State: WINDERMERE FLA
Zip: 32807 Country: USA	Zip: 34786 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3136629 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAXON, J D
2172 BRUTON ROAD STE 205
ORLANDO, FL 32805

7. Name and Address of New Registered Agent

Name: J. D. SAXON
Street Address (P.O. Box Number is Not Acceptable): 5901 OLEANDER
City: ORLANDO FL Zip Code: 32807

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 04-22-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS MONG, D.W 2172 BRUTON ROAD STE 205 ORLANDO, FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS J.D. SAXON 5901 OLEANDER ORLANDO FLA 32807	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SAXON, J D 2172 BRUTON ROAD STE 205 ORLANDO, FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D D.W. MONG 5901 OLEANDER ORLANDO FLA 32807	■ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04 22 03 407 353 4061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)