

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90008 038 ***150.00

DOCUMENT # V61983
 1. Entity Name
CLEAR AS CRYSTAL, INC.

Principal Place of Business 1209 CHEYENE DRIVE INDIAN HARBOR BEACH FL 32937	Mailing Address 1209 CHEYENE DRIVE INDIAN HARBOR BEACH FL 32937-4126
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2. Principal Place of Business 228 MARION STREET Suite, Apt. #, etc.	3. Mailing Address 228 MARION STREET Suite, Apt. #, etc.
City & State INDIAN HARBOR BEACH, FL	City & State INDIAN HARBOR BEACH, FL
Zip 32937	Country BREVARD
Zip 32937	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3150320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HUCKABEE, RICHARD H
 1209 CHEYENE DRIVE
 INDIAN HARBOR BEACH FL 32937

7. Name and Address of New Registered Agent
 Name
 HUCKABEE, RICHARD H
 Street Address (P.O. Box Number is Not Acceptable)
 228 MARION STREET
 City
 INDIAN HARBOR BEACH FL Zip Code
 32937

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 RICHARD H. HUCKABEE DATE 3/1/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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'

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALVO, CHARLES C 1013 BUTTONWOOD BAREFOOT BAY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALVO, NADIA 1013 BUTTONWOOD BAREFOOT BAY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD HUCKABEE, RICHARD H 1209 CHEYENE DRIVE INDIAN HARBOR BEACH FL 32937	<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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD HUCKABEE, RICHARD H. 228 MARION ST INDIAN HARBOR BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: RICHARD H. HUCKABEE **DATE:** 3/1/00 **DAYTIME PHONE #:** 321-459-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (9/99)