

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V61983

1. Entity Name

CLEAR AS CRYSTAL, INC.

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

03-20-2000 90008 038 ***150.00

Principal Place of Business

Mailing Address

1209 CHEYENE DRIVE
INDIAN HARBOR BEACH FL 32937

1209 CHEYENE DRIVE
INDIAN HARBOR BEACH FL 32937-4126

2. Principal Place of Business

228 MARION STREET

Suite, Apt. #, etc.

3. Mailing Address

228 MARION STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

INDIAN HARBOR BEACH, FL

City & State

INDIAN HARBOR BEACH, FL

4. FEI Number

59-3150320

Applied For

Not Applicable

Zip

32937

Country

BREVARD

Zip

32937

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUCKABEE, RICHARD H
1209 CHEYENE DRIVE
INDIAN HARBOR BEACH FL 32937

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

3/1/00

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, 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	D	<input type="checkbox"/> Delete
NAME	CALVO, CHARLES C	
STREET ADDRESS	1013 BUTTONWOOD	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALVO, NADIA	
STREET ADDRESS	1013 BUTTONWOOD	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	PTSD	<input type="checkbox"/> Delete
NAME	HUCKABEE, RICHARD H	
STREET ADDRESS	1209 CHEYENE DRIVE	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUCKABEE, RICHARD H.	
STREET ADDRESS	228 MARION ST	
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937	
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

RICHARD H. HUCKABEE 3/1/00 321-459 4433

Date

Daytime Phone #

CR2E034 (9/99)