

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90091 036 ***150.00

DOCUMENT # 855574

1. Entity Name

CLARKE ENVIRONMENTAL MOSQUITO MANAGEMENT, INC.

Principal Place of Business

Mailing Address

159 N. GARDEN AVE
 PO BOX 72288
 ROSELLE IL 60172

159 N. GARDEN AVE
 PO BOX 72288
 ROSELLE IL 60172-0288

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 72197

Suite, Apt. #, etc.

PO Box 72197

City & State

City & State

Zip

Country

Zip

60172

Country

4. FEI Number

36-2391274

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	CLARKE, JOHN L.	
STREET ADDRESS	402 FAIRBANK RD	
CITY-ST-ZIP	RIVERSIDE IL	
TITLE	TV	<input type="checkbox"/> Delete
NAME	WOOD, CLARK	
STREET ADDRESS	159 N. GARDEN	
CITY-ST-ZIP	ROSELLE IL 60172	
TITLE	S	<input type="checkbox"/> Delete
NAME	TECSON, JOSEPH A	
STREET ADDRESS	225 W WASHINGTON #1300	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	CLARKE, MARY KEMP	
STREET ADDRESS	402 FAIRBANKS RD.	
CITY-ST-ZIP	RIVERSIDE IL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHN L. CLARKE III	
STREET ADDRESS	159 N. GARDEN	
CITY-ST-ZIP	ROSELLE IL	
TITLE	TV	<input type="checkbox"/> Delete
NAME	WOOD, CLARK	
STREET ADDRESS	159 N. GARDEN	
CITY-ST-ZIP	ROSELLE IL 60172	

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

Clarke Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CLARKE WOOD**

4-24-2000
Date

630 894 2000
Daytime Phone #