## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **F16956** Feb 08, 2000 8:00 am 1. Entity Name **Secretary of State** STEVEN E. CLARK, C.P.A., P.A. 02-08-2000 90158 033 \*\*\*150.00 Mailing Address Principal Place of Business 700 ELEVENTH STREET SOUTH. SUITE PH-3 700 ELEVENTH STREET SOUTH, SUITE PH-3 NAPLES FL 34102 NAPLES FL 34102-6777 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2058923 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, STEVEN E Street Address (P.O. Box Number is Not Acceptable) 700 ELEVENTH STREET SOUTH, SUITE PH-3 NAPLES FL 34102 Zip Code City 4.14 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITI F TITLE NAME NAME CLARK, STEVEN E STREET ADDRESS STREET ADDRESS 700 ELEVENTH ST., S. PH3 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ■ Addition Delete TITLE NAME NAME CLARK, GEORGIA STREET ADDRESS STREET ADDRESS 700 ELEVENTH ST S. PH3 CITY-ST-7IP CITY-ST-ZIP NAPLES FL ☐ Change ☐ Addition TITLE Delete .NAME ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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361-361-8005