Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -7 PM 4:01

DOCUMENT # H69956

1. Entity Name

CLARK & VAUGHT PROPERTY TAX MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
631 E. Lake Sue Avenue	631 E. Lake Sue Avenue
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32789-5834 Country: US	Zip: 32789-5834 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2574622 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Catherine V. Pierce

Street Address (P.O. Box Number is Not Acceptable): 631 E. Lake Sue Avenue

City: Winter Park, FL Zip Code: 32789-5834

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: Catherine V. Pierce DV (Signature, typed or printed name of registered agent and title if applicable) Catherine V. Pierce (NOTE: Registered Agent Signature required when reinstating) DATE: 4/21/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICER'S AND DIRECTORS

TITLE	DV
NAME	PIERCE, CATHERINE V.
STREET ADDRESS	631 E. LAKE SUE AVE.
CITY-ST-ZIP	WINTER PARK, FL 32789-5834
TITLE	DP
NAME	VAUGHT, JIMMIE S.
STREET ADDRESS	631 E. LAKE SUE AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789-5834
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE V. PIERCE/DV Catherine V. Pierce 4/21/02 407-647-1362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #