

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LO1000010465

1. Entity Name

CLARK INTERNATIONAL CONSULTANTS LTD

FILED

03 FEB 26 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

571 BLAIR RD.
GLOUCESTER, ONTARIO CANADA K1J7H-3

Mailing Address

571 BLAIR RD.
GLOUCESTER, ONTARIO CANADA K1J7H-3

2. Principal Place of Business

100 Sparks Street

Suite, Apt. #, etc.

Suite 900

City & State

Ottawa Ontario

3. Mailing Address

100 Sparks Street

Suite, Apt. #, etc.

Suite 900

City & State

Ottawa Ontario

4. FEI Number

94-3410696

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Brunton Registered Agents Inc.

Street Address (P.O. Box Number is Not Acceptable)

4710 NW Boca Raton Blvd.

Suite 101

City

Boca Raton

FL

Zip Code
33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By **May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE NAME	Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	Peter Clark 100 Sparks Street, Suite 900 Ottawa ON Canada K1P 5B7
TITLE NAME	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	Nenita Clark 100 Sparks Street, Suite 900 Ottawa ON Canada K1P 5B7
TITLE NAME	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	Sean Clark 100 Sparks Street, Suite 900 Ottawa ON Canada K1P 5B7
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	100013100921 02/26/03--01014--001 **200.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/27/03

CR2E083 (4/02)