

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90086 041 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000046422

1. Entity Name
CLC, INC.

Principal Place of Business 4306 PABLO OAKS COURT JACKSONVILLE FL 32224 US	Mailing Address P.O. BOX 16469 JACKSONVILLE FL 32245-6469 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-3261535	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COGGIN, LUTHER W
 4306 PALBO OAKS COURT
 JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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 DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COGGIN, LUTHER W		NAME	
STREET ADDRESS 4306 PABLO OAKS COURT		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COGGIN, BLANCHE B		NAME	
STREET ADDRESS 4306 PALBO OAKS COURT		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOMM, C. B.		NAME	
STREET ADDRESS 4306 PALBO OAKS COURT		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NOBLE, NANCY D		NAME	
STREET ADDRESS 4306 PABLO OAKS COURT		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		CITY-ST-ZIP	
TITLE TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARLETTE, LINDA		NAME	
STREET ADDRESS 4306 PABLO COURT		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Linda Marlette **Linda Marlette**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **3-17-00**
 Daytime Phone #: **904-992-4110**

CR2E034 (9/99)