

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055925

1. Entity Name

CLARKE'S GLOBAL INVESTMENTS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

HIGHLAND AVENUE  
FL 34698

POST OFFICE BOX 489  
DUNEDIN FL 34697-0489

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SPIEGLE & UTRERA, P.A.  
343 ALMARIA AVE  
CORAL GABLES FL 33134

4. FEI Number **59-3530133**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

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

*Donald Clarke - President, Inc.*

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

(NOTE: Registered Agent signature required when reinstating)

4/6/00  
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

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | PD                  | <input type="checkbox"/> Delete |
| NAME           | CLARKE, DONALD A    |                                 |
| STREET ADDRESS | 612 HIGHLAND AVENUE |                                 |
| CITY-ST-ZIP    | DUNEDIN FL 34698    |                                 |
| TITLE          | VD                  | <input type="checkbox"/> Delete |
| NAME           | DUNN, QUINCY J      |                                 |
| STREET ADDRESS | 612 HIGHLAND AVENUE |                                 |
| CITY-ST-ZIP    | DUNEDIN FL 34698    |                                 |
| TITLE          | S                   | <input type="checkbox"/> Delete |
| NAME           | DUNN, VENICE        |                                 |
| STREET ADDRESS | 612 HIGHLAND AVENUE |                                 |
| CITY-ST-ZIP    | DUNEDIN FL 34698    |                                 |
| TITLE          | T                   | <input type="checkbox"/> Delete |
| NAME           | BROWN, SHERELLE     |                                 |
| STREET ADDRESS | 612 HIGHLAND AVENUE |                                 |
| CITY-ST-ZIP    | DUNEDIN FL 34698    |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Donald A. Clarke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00  
Date

727-563-7444  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90144 031 \*\*\*150.00

CR2E034 (9/99)