

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90006 037 \*\*\*150.00

**DOCUMENT # 306174**

1. Entity Name  
**CLARK ENTERPRISES, INC.**

Principal Place of Business <b>3850 N. ATLANTIC AVENUE          COCOA BEACH FL 32931</b>	Mailing Address <b>3850 N. ATLANTIC AVENUE          COCOA BEACH FL 32931-3504</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>103 OSPREY CT.          Suite, Apt. #, etc.</b>	3. Mailing Address <b>103 OSPREY CT.          Suite, Apt. #, etc.</b>
City & State <b>Melbourne FL</b>	City & State <b>Melbourne FL</b>
Zip <b>32940</b>	Country <b>US</b>
Zip <b>32940</b>	Country <b>US</b>

4. FEI Number <b>59-1143592</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CLARK, PATSY  
 3850 N. ATLANTIC AVE.  
 COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**103 OSPREY COURT**

City **Melbourne** FL Zip Code **32940**

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 **Patsy Clark** (NOTE: Registered Agent signature required when reinstating)

DATE **4/25/00**

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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>CLARK, PATSY J.</b>	
STREET ADDRESS <b>611 ROCKLEDGE DRIVE</b>	
CITY-ST-ZIP <b>ROCKLEDGE FL</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete
NAME <b>CLARK, JOHN MARK</b>	
STREET ADDRESS <b>611 ROCKLEDGE DRIVE</b>	
CITY-ST-ZIP <b>ROCKLEDGE FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>103 OSPREY CT</b>	
CITY-ST-ZIP <b>Melbourne, FL 32940</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>103 OSPREY CT</b>	
CITY-ST-ZIP <b>Melbourne, FL 32940</b>	
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: **Patsy Clark** **Patsy Clark** 4/25/00 321-757-7288

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)