

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90134 030 ***150.00

DOCUMENT # 344397

1. Entity Name
CLARKSON PROPERTIES, INC.



Principal Place of Business
**7657 SAN REMO PL
ORLANDO FL 32835
US**

Mailing Address
**7657 SAN REMO PL
ORLANDO FL 32835
US**



2. Principal Place of Business
6220 S. Orange Blossom Tr.

3. Mailing Address
6220 S. Orange Blossom Tr

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Orlando FL

City & State
Orlando FL

Zip
32809

Country
Orange

Zip
32809

Country
Orange

4. FEI Number
59-1261618

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CLARKSON, R L
7657 SAN REMO PL
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name **Richard Duane Clarkson**
Street Address (P.O. Box Number is Not Acceptable)
6220 S. Orange Blossom Tr. Suite 100
City **Orlando** FL Zip Code **32809**

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 **Richard Duane Clarkson / Pres** DATE **1-31-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKSON, DUANE 7657 SAN REMO PL ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST CLARKSON, J. 7657 SAN REMO PL ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CLARKSON, RICHARD 7656 SAN REMO PL ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6220 S. Orange Blossom Tr Suite 100 Orlando FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6220 S. Orange Blossom Tr Suite 100 Orlando FL 32809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard Duane Clarkson Pres** DATE **1-31-03** 407-888-6984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)