

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 464572**

1. Entity Name

CLARK FILM CO.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90001 041 ***150.00

Principal Place of Business

**1405 UNIVERSITY BLVD. N.
JACKSONVILLE FL 32211-5249**

Mailing Address

**1405 UNIVERSITY BLVD. N.
JACKSONVILLE FL 32211-5249****B0017560**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1555250

Applied For

Not Applied For

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

6. Name and Address of Current Registered Agent

**BELTON M. CLARK
3826 MUSKET TRAIL
JACKSONVILLE FL 32277**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/009. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CLARK, BELTON M**
STREET ADDRESS **3826 MUSKET TRAIL**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **T** ☐ Delete
NAME **CLARK, MARY ANN**
STREET ADDRESS **3826 MUSKET TRAIL**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **VP** ☐ Delete
NAME **CLARK, TROY A**
STREET ADDRESS **12043 MICHAEL WAY W**
CITY-ST-ZIP **JACKSONVILLE FL 32223**TITLE **S** ☐ Delete
NAME **CLARK, RUTH**
STREET ADDRESS **12043 MICHAEL WAY W**
CITY-ST-ZIP **JACKSONVILLE FL 32223**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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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:

SIGNATURE REQUIRED
Belton M. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/00