

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90025 020 ***150.00

DOCUMENT # 497927

RECEIVED

JAN 04 2000

BY:

1. Entity Name
CHARLES M. CLARK, INC.

Principal Place of Business

Mailing Address

**410 NORTH STREET
 SUITE 162
 LONGWOOD FL 32750
 US**

**410 NORTH STREET
 SUITE 162
 LONGWOOD FL 32750-7657
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1652056**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**CLARK, CHARLES M. JR.
 1330 AGUSTA INTERNATIONAL BLVD
 WINTER SPRINGS FL 32708**

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

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	PD	<input type="checkbox"/> Delete
NAME	CLARK, CHARLES M JR	
STREET ADDRESS	1330 AGUSTA NATIONAL BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CLINGER, TONI L.	
STREET ADDRESS	111 PINEAPPLE COURT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AMANN, ROBERT C	
STREET ADDRESS	3001 SURF DR	
CITY-ST-ZIP	DELTONA FL 31738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 reports 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 another life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

407/331-0055

Date

Daytime Phone #