

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

0077981 AV

DOCUMENT # 497927

1. Entity Name
CHARLES M. CLARK, INC.

03-07-2002 90048 029 ***150.00

Principal Place of Business
**410 NORTH STREET
 SUITE 162
 LONGWOOD FL 32750
 US**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1652056**
 Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2002 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**
 NAME **CLARK, CHARLES M JR**
 STREET ADDRESS **1330 AGUSTA NATIONAL BLVD**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD**
 NAME **CLINGER, TONI L.**
 STREET ADDRESS **111 PINEAPPLE COURT**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD**
 NAME **AMANN, ROBERT C**
 STREET ADDRESS **3001 SURF DR**
 CITY-ST-ZIP **DELTONA FL 31738**

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 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)(b), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)