

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 531986**

1. Entity Name

**CLARK COMMERCIAL ENTERPRISES, INC.****FILED****Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90187 011 \*\*\*150.00

Principal Place of Business

**2520 SUNSET POINT ROAD**  
**#45**  
**CLEARWATER FL 33765**

Mailing Address

**2520 SUNSET POINT ROAD**  
**#45**  
**CLEARWATER FL 33765**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1733014**

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

**SKALSKI, JOSEPH C ESQ**  
**14010 ROOSEVELT BLVD**  
**STE 708**  
**CLEARWATER FL 33762**

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, 2001 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, GEORGE C SR	
STREET ADDRESS	2520 SUNSET PT RD #45	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CLARK, MARSHA	
STREET ADDRESS	2321 HARN BLVD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLARK, DAVID M	
STREET ADDRESS	2321 HARN BLVD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	CLARK, LOIS M	
STREET ADDRESS	2520 SUNSET PT RD LOT 45	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, CURTIS M	
STREET ADDRESS	2321 HARN BLVD	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, NANCY R	
STREET ADDRESS	9135 - 130TH WAY N.	
CITY-ST-ZIP	SEMINOLE FL 33776	

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		
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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, NANCY R.	
STREET ADDRESS	5415 - 1ST WAY N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)