

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90442 046 ***150.00

DOCUMENT # 531986

1. Entity Name
CLARK COMMERCIAL ENTERPRISES, INC.



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

2341 HAITIAN DR.

2341 HAITIAN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 21

Apt. 21

City & State

City & State

CLEARWATER FL

CLEARWATER

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1733014**

Applied For

Not Applicable

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

Zip **33763-3117**

Country

USA

Zip **33763-3117**

Country

USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. 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 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	4875 GOODPASTURE LAKES LOOP RD.	
CITY-ST-ZIP	EUGENE OR 97401	
TITLE	ATD	<input checked="" 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	5415-1ST WAY NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	

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
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STREET ADDRESS	
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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	

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:

SIGNATURE REQUIRED President 1/29/03 727-799-1423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)