

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90158 033 ***150.00

DOCUMENT # 577408

1. Entity Name
CLARK HAMILTON, D.D.S., P.A.



Principal Place of Business
**3599 UNIVERSITY BLVD., S.
SUITE 6
JACKSONVILLE FL 32216
US**

Mailing Address
**3599 UNIVERSITY BLVD., SOUTH
SUITE 6
JACKSONVILLE FL 32216**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1833188

Applied For

Not Applicable

Zip

Country

Zip

Country

32301

U.S.A

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

**HAMILTON, CLARK
3599 UNIVERSITY BLVD., SOUTH
SUITE 6
JACKSONVILLE FL 32216**

Name **CLARK HAMILTON**
Street Address (P.O. Box Number is Not Acceptable)
2779 BLAIR STONE CT.
City **TALLAHASSEE** **FL** Zip Code **32301**

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

1-27-03

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 **P** ☐ Delete
NAME **HAMILTON, CLARK**
STREET ADDRESS **3599 UNIVERSITY BLVD. S**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **~~CLARK P~~** ☒ Change ☐ Addition
NAME **CLARK HAMILTON**
STREET ADDRESS **2779 BLAIR STONE CT.**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-03

850-656-8495

CR2E034 (10/02)