

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000006565

1. Entity Name
CLARK DEVELOPMENT GROUP, INC.



Principal Place of Business
1115 S 4TH STREET
LOUISVILLE, KY 40203

Mailing Address
1115 S 4TH STREET
LOUISVILLE, KY 40203

FILED

05 OCT 14 PM 6:58

SECRET
TALLAHASSEE, FL 32301



10102005 REINSTATEMENT 2005 WOP

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
61-1331007

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

CLARK, TODD
GRANDVIEW CONDOMINIUMS
100 MONACO STREET #102
DESTIN, FL 32550

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 January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CLARK, MARY C
STREET ADDRESS 701 BLANKENBAKER
CITY-ST-ZIP LOUISVILLE, KY 40207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME CLARK, JOHN M
STREET ADDRESS 701 BLANKENBAKER
CITY-ST-ZIP LOUISVILLE, KY 40207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800060626678
10/14/05--01054--002 **\$150.00

TITLE T
NAME CLARK, TODD M
STREET ADDRESS 425 COUNTRY LANE
CITY-ST-ZIP LOUISVILLE, KY 40207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Todd CLARK
400 MAYFAIR LANE
LOUISVILLE, KY 40007

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #