

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90066 036 \*\*\*150.00

DOCUMENT # **G03031** ✓

1. Entity Name

Clark Engineering, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

318 S. SCenic Highway

Suite, Apt. #, etc.  
Suite 100

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Wales, FL

City & State

Zip

33859

Country

Zip

Country

4. FFI Number

59-2232677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

William N. Clark

Street Address (P.O. Box Number is Not Acceptable)

1540 Libby Road

City

Babson Park

FL

Zip Code

33827

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 resigning)

4/29/2002

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1st, May 1st Fees \$140.00

After May 1st Fee is \$50.00

Amended UBR 12-16-126

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
William N. Clark  
1540 Libby Road  
Babson Park, FL 33827

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002

Date

(863)676-7911

Daytime Phone #

CR2E034B (12/01)