FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90816 041 ***558.75

DOCUMENT # G42327

1. Entity Name
Clary & Associates, Inc.

B01126908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3830 Crown Point Road	3830Crown Point Road
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32257 Country Duval	Zip 32257 Country Duval

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2294688 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Douglas A. Ward
Street Address (P.O. Box Number is Not Acceptable): 1301 Gulf Life Drive
Suite 1500
City: Jacksonville FL Zip Code: 32207

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DPT
NAME	Gregory B. Clary
STREET ADDRESS	3830 Crown Point Road, Ste.A
CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	S
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Gregory B Clary 6/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #