FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 25, 2003 8:00 am Secretary of State J04798 **DOCUMENT #** 1. Entity Name 04-25-2003 90211 019 ***150.00 THE CLARK BUILDING CORPORATION OF CENTRAL FLORID Principal Place of Business Mailing Address TIUTDDAX 133 TARRY TOWN TRAIL 133 TARRY TOWN TRAIL LONGWOOD FL 32750 LONGWOOD FL 32750 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2656347 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARK, PETER W Street Address (P.O. Box Number is Not Acceptable) 133 TARRY TOWN TRAIL. LONGWOOD FL 32750 A City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition CLARK, PETER W. NAME NAME STREET ADDRESS 133 TARRYTOWN TRAIL STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME CLARK, BARBARA NAME STREET ADDRESS **133 TARRY TOWN TRAIL** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 - === Delete ======= TITLE = ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

:R2E034 (10/02)