

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90145 008 \*\*\*150.00

**DOCUMENT # J69900**

1. Entity Name  
**THE CLARKSON COMPANY**

Principal Place of Business

**3100 UNIVERSITY BLVD S  
 SUITE 200  
 JACKSONVILLE FL 32216  
 US**

Mailing Address

**ATTN: GERALDINE G. BROWN  
 3100 UNIVERSITY BLVD. S., STE. 200  
 JACKSONVILLE FL 32216**

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 **52-1100398**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, GERALDINE G  
 3100 UNIVERSITY BLVD.  
 SUITE 200  
 JACKSONVILLE FL 32216**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete  
 NAME **CLARKSON, CHARLES A**  
 STREET ADDRESS **3100 UNIVERSITY BLVD STE 235**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **DCV** ☒ Change ☐ Addition  
 NAME **Clarkson, Charles A.**  
 STREET ADDRESS **3100 University Blvd So Ste 200**  
 CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **VSD** ☐ Delete  
 NAME **CLARKSON, PATRICIA H**  
 STREET ADDRESS **3100 UNIVERSITY BLVD. STE 235**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VSD** ☒ Change ☐ Addition  
 NAME **Clarkson, Patricia H.**  
 STREET ADDRESS **3100 University Blvd So Ste 200**  
 CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **PTDS** ☐ Delete  
 NAME **CLARKSON, ROBERT W**  
 STREET ADDRESS **3100 UNIVERSITY BLVD.S. #235**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PTDS** ☒ Change ☐ Addition  
 NAME **Clarkson, Robert W.**  
 STREET ADDRESS **3100 University Blvd So Ste 200**  
 CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles A. Clarkson*  
 Charles A. Clarkson Vice President

4/26/02

(904) 359-0045

Date

Daytime Phone #

CR2E034 (9/01)