FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90125 019 ***150.00

DOCUMENT # k 29492

1. Entity Name
Clark, Campbell & Mawhinney, P.A.

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2. Principal Place of Business	3. Mailing Address
500 South Florida Ave.	500 South Florida Ave.
Suite, Apt. #, etc. Suite 800	Suite, Apt. #, etc. Suite 800
City & State Lakeland, FL	City & State Lakeland, FL
Zip 33801 Country USA	Zip 33801 Country USA

4. FEI Number 59-2898081 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Ronald L. Clark
Street Address (P.O. Box Number is Not Acceptable): 500 South Florida Ave.
Suite 800
City: Lakeland, FL Zip Code: 33801

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: _____ Ronald L. Clark 4-15-02
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) ☐

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	President and Director
NAME	Ronald L. Clark
STREET ADDRESS	500 S. Florida Ave, Suite 800
CITY-ST-ZIP	Lakeland, FL 33801
TITLE	Director, Vice President and Secretary
NAME	Timothy F. Campbell
STREET ADDRESS	500 S. Florida Ave., Suite 800
CITY-ST-ZIP	Lakeland, FL 33801
TITLE	Director and Vice President
NAME	Joseph P. Mawhinney
STREET ADDRESS	500 S. Florida Ave, Suite 800
CITY-ST-ZIP	Lakeland, FL 33801
TITLE	Director and Treasurer
NAME	John J. Lancaster
STREET ADDRESS	500 S. Florida Ave, Suite 800
CITY-ST-ZIP	Lakeland, FL 33801
TITLE	Director and Assistant Secretary
NAME	Bernard H. Gentry
STREET ADDRESS	500 S. Florida Ave, Suite 800
CITY-ST-ZIP	Lakeland, FL 33801
TITLE	
NAME	
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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: _____ Ronald L. Clark 4-15-02 863-647-5337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #