

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K67545

1. Entity Name

CENTURY 21 MID ATLANTIC PROPERTIES INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90061 029 ***150.00

Principal Place of Business

Mailing Address

% H.L. CLARK, III
1460 BAYTREE DR., N.E.
PALM BAY FL 32905

% H.L. CLARK, III
1460 BAYTREE DR., N.E.
PALM BAY FL 32905-3950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

% Brian D. Clark
Suite, Apt. #, etc.
1460 Baytree Drive NE

% Brian D. Clark
Suite, Apt. #, etc.
1460 Baytree Drive NE

City & State
Palm Bay, FL

City & State
Palm Bay, FL

Zip
32905

Country
Brevard

Zip
32905

Country
Brevard

4. FEI Number 59-2934365

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAIN D CLARK
962 MINA AVE NE
PALM CITY FL 32907

Name
Brian D. Clark
Street Address (P.O. Box Number is Not Acceptable)

962 Mina Ave NE

City Palm Bay FL Zip Code 32907

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 Brian D. Clark BRIAN D. CLARK 4-17-00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, BRIAN D. 433 RHEINE ROAD NW PALM BAY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Clark, Brian D. 962 Mina Ave NE Palm Bay, FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Brian D. Clark BRIAN D. CLARK 4-17-00 321-723-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)