

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

2002-2003

DOCUMENT # L00000000970

1. Entity Name

Clark Yacht Compressors, LLC



FILED

03 SEP 15 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

206 SW 16th Court

3. Mailing Address

9 SW 13th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0978940

Applied For

Not Applicable

Zip
33315

Country
Broward

Zip
33315

Country
Broward

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Sean Johnson

Street Address (P.O. Box Number is Not Acceptable)

9 SW 13th Street

City Fort Lauderdale

FL

Zip Code
33315

**DO NOT WRITE
IN THIS SPACE**

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.

Sean Johnson

9/11/03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Craig Clark, PRES
1412 South Andrews Avenue
Fort Lauderdale, FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

300023053909
09/15/03--01082--002 **50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Joe Bush, MGR
1412 South Andrews Avenue
Fort Lauderdale, FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

700023053927
09/15/03--01082--003 **50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/11/03

Date

954-764-0404

Daytime Phone #

CR2E083B (12/02)

292

FILED

03 SEP 15 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 11, 2003

Florida Department of State Division of Corp
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am writing this letter to inform you that I never received my 2002 or 2003 LLC Uniform Business Report. Upon calling the Department of Revenue I was informed that the report had been sent to the wrong address. It should have been sent to 9 sw 13th Street, Fort Lauderdale, FL 33315 and it was not. Per the Department of Revenue, I am writing this letter and enclosing 2 checks for the \$50.00 for the original fee. I respectfully request that the Department of Revenue process my UBR and check, in addition wave all late fees.

If you have any questions, please contact me.

Sincerely,



Craig Clark