

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90006 027 \*\*\*\*50.00

**DOCUMENT # L01000000331**

1. Entity Name

**CLARK & ASSOCIATES, L.C.**

Principal Place of Business

**575 S WICKHAM RD  
 SUITE E  
 WEST MELBOURNE FL 32904**

Mailing Address

**575 S WICKHAM RD  
 SUITE E  
 WEST MELBOURNE FL 32904**

**945473**

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

**59-3481074**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, CARY A  
 575 S WICKHAM RD  
 SUITE E  
 WEST MELBOURNE FL 32904**

Name

**CLARK, COY A.**

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

*Cary A. Clark*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PSF** ☐ Delete  
 NAME **CLARK COY A.**  
 STREET ADDRESS **575 S. WICKHAM RD SUITE E**  
 CITY-ST-ZIP **W. MELBOURNE FL 32904**

TITLE **PSF MGRM** ☐ Change ☒ Addition  
 NAME **CLARK, COY A**  
 STREET ADDRESS **575 S. WICKHAM ROAD SUITE E**  
 CITY-ST-ZIP **W. MELBOURNE FL 32904**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

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:**

*Cary A. Clark* **COY A. CLARK mgrm**

**4/15/02**

**321 723 9888**

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

Date

Daytime Phone #

CR2E083 (9/01)