

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90045 008 \*\*\*\*55.00

**DOCUMENT # L02000027741**

1. Entity Name

**CLARK ESTATE, LLC**



Principal Place of Business

**266 CHANNING COURT  
NAPLES FL 34110**

Mailing Address

**266 CHANNING COURT  
NAPLES FL 34110**

2. Principal Place of Business

**10869 Skylark Estates Ln  
Suite, Apt. #, etc.**

3. Mailing Address

**10869 Skylark Estates Ln.  
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

4. FEI Number

**260056150**

Applied For

☐ Not Applicable

Zip

**32257**

Country

**US**

Zip

**32257**

Country

**US**

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, ANNEIESE  
266 CHANNING COURT  
NAPLES FL 34110**

7. Name and Address of New Registered Agent

Name **Noel P. Clark**

Street Address (P.O. Box Number is Not Acceptable)  
**10869 Skylark Estates Ln**

City **Jacksonville**

**FL**

Zip Code **32257**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/26/02**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **UP** ☐ Delete  
NAME **Noel P Clark**  
STREET ADDRESS **10869 Skylark Estates Ln**  
CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE **Pres** ☐ Delete  
NAME **Anneliese Clark**  
STREET ADDRESS **10869 Skylark Estates Ln**  
CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**7/26/03 904 7374165**

0019194

CR2E083 (4/03)