## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## FILED DOCUMENT # **L85577** Feb 29, 2000 8:00 am 1. Entity Name CLARK-GRIGSBY ENTERPRISES, INC. **Secretary of State** 02-29-2000 90184 013 \*\*\*150.00 Principal Place of Business Mailing Address 8272 SW CIR 18 8272 SW CIR 18 HAMPTON FL 32044 HAMPTON FL 32044 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3021478 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLARK, THOMAS Street Address (P.O. Box Number is Not Acceptable) 8272 SW CR 18 HAMPTON FL 32044 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change ☐ Addition TITLE CLARK, THOMAS NAME NAME 8272 SW CIR 18 STREET ADDRESS STREET ADDRESS ROUTE 1, BOX 137 CITY-ST-ZIP CITY-ST-ZIP HAMPTON FL Delete TITLE ☐ Change ☐ Addition TITLE GRIGSBY, SHAW JR. NAME NAME STREET ADDRESS STREET ADDRESS ROUTE 1, BOX 137 CITY-ST-ZIP HAMPTON FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GRIGSBY, SHAW JR. NAME NAME CIR 18 STREET ADDRESS STREET ADDRESS ROUTE-1; BOX-137 3204 CITY-ST-ZIP CITY-ST-ZIP HAMPTON FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

resident a/a 4/2000 Daytime Phone #