## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

AND TYPED

PRINTED NAME OF SIGNING OFFICER OF DIRECTO

Daytime Phone #

## FILED Mar 13, 2001 8:00 am Secretary of State DOCUMENT # P0000002262 CLARKITECTURE CONSTRUCTION, INC. 03-13-2001 90008 003 \*\*\*150.00 Principal Place of Business Mailing Address 12800 U.S. HWY, 1, STE, 240 12800 U.S. HWY. 1, STE. 240 JUNO BEACH FL 33408 JUNO BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, JANNY Street Address (P.O. Box Number is Not Acceptable) 12800 U.S. HWY. 1, STE. 240 JUNO BEACH FL 33408 City Zip Code 8. The above named entisubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) \_9. This corporation is eligible to satisfy its I FILE\_NOW!!!\_FEE IS \$150.00 \_10.\_Election Campaign Financing.\_ Tax filing requirement and elects to do so. \$5.00. May. Be \_\_ After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CLARK, MICHAEL NAME NAME 12800 U.S. HWY. 1, STE. 240 STREET ADDRESS STREET ADDRESS CITY-ST-7IP JUNO BEACH FL 33408 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CLARK, JANNY NAME NAME STREET ADDRESS 12800 U.S. HWY, 1, STE, 240 STREET ADDRESS CITY-ST-ZIP JUNO BEACH FL 33408 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME. ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ! 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.