

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032538

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90069 035 \*\*\*150.00

1. Entity Name  
**CLARK III ENTERPRISES INC.**

Principal Place of Business <b>BOX 2648 HOMOSASSA 33 34448</b>	Mailing Address <b>BOX 2648 HOMOSASSA 33 34448</b>
---	---

2. Principal Place of Business <b>Box 2648</b> Suite, Apt. #, etc.	3. Mailing Address <b>Same</b> Suite, Apt. #, etc.
--	--

City & State <b>HOMOSASSA FL</b>	City & State <b>Same</b>	4. FEI Number <b>59-3660463</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34447</b>	Country <b>USA</b>	Zip <b>Same</b>	Country <b>Same</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CLARK, THOMAS A JR  
4430 S. TONYA TERRACE  
HOMOSASSA FL 34446**

7. Name and Address of New Registered Agent  
Name **N/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 **Thomas Clark A. Jr.**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, THOMAS A JR. BOX 2648 HOMOSASSA 33 34448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARK, USA M BOX 2648 HOMOSASSA 33 34448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEMAR, MIKE BOX 1320 CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIXON, CHARLES BOX 388 LECANTO FL 34460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **01/15/01 352-628-1579**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)