

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91035 023 ***150.00

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DOCUMENT # P00000032538

1. Entity Name
CLARK III ENTERPRISES INC.



Principal Place of Business
BOX 2648
HOMOSASSA FL 34447
US

Mailing Address
BOX 2648
HOMOSASSA FL 34447
US

2. Principal Place of Business

3. Mailing Address

Same
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

City & State
HOMOSASSA FL

City & State
HOMOSASSA FL

4. FEI Number **59-3660463**

Applied For
Not Applicable

Zip **34447** Country **USA**

Zip **34447** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, THOMAS A JR
500 W. MAYO DR.
CRYSTAL RIVER FL 34429

Name
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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 | SD LEMAR, MIKE BOX 1320 CRYSTAL RIVER FL 34429 | <input type="checkbox"/> Delete |
| 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 | VD PALMER, CASEY V BOX 1320 CRYSTAL RIVER FL 34429 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03
Date

Daytime Phone #

CR2E034 (10/02)