

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90061 042 ***150.00

DOCUMENT # P00000045002

1. Entity Name

Renee Clark P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4105 Bluff Harbor Way

3. Mailing Address

4105 Bluff Harbor Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Wellington FL

City & State
Wellington FL

4. FID Number
65-1012089

Applied For
Not Applicable

Zip
33467

Country

Zip
33467

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Renee Clark

Street Address (P.O. Box Number is Not Acceptable)
4105 Bluff Harbor Way

City Wellington FL Zip Code 33467

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)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐ (See criteria on back)

January 1 - May 1 Fee is \$100.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
President
Renee Clark
4105 Bluff Harbor Way
Wellington FL 33467

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(President) 4-22-02 (561) 7913787

Date

Daytime Phone #

CR2E034B (12/01)