

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91652 012 ***150.00

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DOCUMENT # P00000051567

1. Entity Name
C L K CONSTRUCTION, INC.

Principal Place of Business
**527 SOUTH H STREET
 LAKE WORTH FL 33414**

Mailing Address
**1891 LYNTON CIRCLE
 WELLINGTON FL 33414**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1891 Lynton Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Wellington, FL

City & State

4. FEI Number **65-1008093**

Applied For
 Not Applicable

Zip **33414** Country **USA**

Zip Country

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

**LUCIEN, RONALD
 1891 LYNTON CIRCLE
 WELLINGTON FL 33414**

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.

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) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **LUCIEN, RONALD**
 STREET ADDRESS **1891 LYNTON CIRCLE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☒ Addition
 NAME **NO CHANGE**
 STREET ADDRESS **NO CHANGE**
 CITY-ST-ZIP **NO CHANGE**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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.

SIGNATURE: **[Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 **561-383-7565**
 Date Daytime Phone #

CR2E034 (9/01)