

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2003 8:00 am
Secretary of State

09-03-2003 90021 038 ***150.00

0147740 AB

DOCUMENT # P00000109460

1. Entity Name

CLARK CLAIM SUBMISSIONS, INC.



Principal Place of Business

**817 PEACH ST
OCEAN SPRINGS MS 39564**

Mailing Address

**817 PEACH ST
OCEAN SPRINGS MS 39564**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3685774**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, ROGER
943 ALLEGRO LN
APOLLO BEACH FL 33572**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **P** ☒ Delete
NAME **CLARK, ROGER**
STREET ADDRESS **943 ALEGRO LN**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **P** ☒ Change ☐ Addition
NAME **BRIAN CLARK**
STREET ADDRESS **817 PEACH ST.**
CITY-ST-ZIP **OCEAN SPRINGS, MS 39564**

TITLE **VP** ☐ Delete
NAME **CLARK, ANGELIA**
STREET ADDRESS **817 PEACH ST**
CITY-ST-ZIP **OCEAN SPRINGS MS 39564**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CLARK, ROGER**
STREET ADDRESS **943 ALLEGRO LN**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-03 (228) 818-5842
Date Daytime Phone #

CP2E034 (4/03)

Attachment

90153813

#P00000109466

Clark Claim Submissions, Inc.

817 Peach St. Ocean Springs, Ms. 39564 www.ClarkClaim.com

28 August 2003

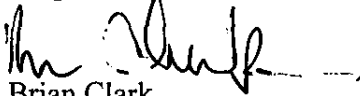
Florida Dept. Of State
Division of Corporations (UBR Filings)
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Incorporation Renewal

To: Who It May Concern,

The UBR form was not received by this company in the January to May period.
In Fact, this form was the first notice we received. Enclosed is a check for \$150 to renew
the corporation. We did not receive the prior notice.

Respectfully Submitted,


Brian Clark
President