

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

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90501 026 \*\*\*150.00

DOCUMENT # *P 00000 116362*

1. Entity Name  
*Gary Clark Inc.*

**DO NOT WRITE IN THIS SPACE**

**B0058760**

2. Principal Place of Business  
*First Choice Mortgage*  
Suite, Apt. #, etc. *Suite #1*

3. Mailing Address  
*First Choice Mortgage*  
Suite, Apt. #, etc. *3423 E. Silver Springs Blvd. #1*

City & State  
*Ocala FL*

City & State  
*Ocala FL*

Zip Country  
*34470 USA*

Zip Country  
*34470 USA*

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

4. FEI Number  
*59-369 4347*

Applied For  
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name *Gary Clark*

Street Address (P.O. Box Number is Not Acceptable)  
*5120 NE 25th Ave*

City *Ocala* FL Zip Code *34479*

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 *Gary Clark* DATE *March 29-02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00  
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-ST-ZIP	<i>President Gary Clark 5120 NE 25th Ave Ocala FL 34479</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary Clark* DATE *March 29-02* 952 622 5697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)