

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90025 001 ***150.00

0586915 AT

DOCUMENT # P01000005138

1. Entity Name

CLARKE'S SATELLITE & HOME THEATER SYSTEMS INC.

Principal Place of Business

**1407 GUTIERREZ PL
LADY LAKE FL 32159**

Mailing Address

**1407 GUTIERREZ PL
LADY LAKE FL 32159**

2. Principal Place of Business

2115 CITRUS BLVD

3. Mailing Address

2115 CITRUS BLVD

Suite, Apt. #, etc.

STE A

Suite, Apt. #, etc.

STE A

City & State

LEESBURG, FL

City & State

LEESBURG, FL

Zip

34748

Country

LAKE

Zip

34748

Country

LAKE

4. FEI Number

59-3692041

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CLARKE, THOMAS W JR.
1407 GUTIERREZ PL
LADY LAKE FL 32159**

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32162

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARKE, THOMAS W JR.	
STREET ADDRESS	1407 GUTIERREZ PL	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARKE, PAUL D	
STREET ADDRESS	137 HEATHER OAK CIRCLE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CLARKE, CATHERINE	
STREET ADDRESS	1407 GUTIERREZ PL	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32162	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	104 BRANDY COURT	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: THOMAS W. CLARKE, JR. PRESIDENT/DIRECTOR 1/14/02 (352) 751-0188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)