

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90272 007 \*\*\*150.00

**DOCUMENT #** P01000005138  
**1. Entity Name**  
**CLARKE'S SATELLITE & HOME THEATER SYSTEMS INC.**



☒ CHECK HERE IF MAKING CHANGES

**Principal Place of Business** **Mailing Address**  
~~2115 CITRUS BLVD~~ ~~2115 CITRUS BLVD~~  
~~STE A~~ ~~STE A~~  
~~LEESBURG FL 34748~~ ~~LEESBURG FL 34748~~

**2. Principal Place of Business** **3. Mailing Address**  
2616 ICABOD CT. 2616 ICABOD CT.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

**City & State** **City & State**  
LEESBURG FL LEESBURG, FL  
**Zip** **Country** **Zip** **Country**  
34748 LAKE 34748 LAKE

**4. FEI Number** **59-3692041** **Applied For**  
☐ **Not Applicable**

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

**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)** SAME  
**City** THE VILLAGES **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. 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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CLARKE, THOMAS W JR.	1407 GUTIERREZ PL	LADY LAKE FL 32162	<input type="checkbox"/>
VD	CLARKE, PAUL D	104 BRANDY COURT	LADY LAKE FL 32159	<input type="checkbox"/>
STD	CLARKE, CATHERINE	1407 GUTIERREZ PL	LADY LAKE FL 32162	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			THE VILLAGES, FL 32162	<input checked="" type="checkbox"/>
		2616 ICABOD CT.	LEESBURG, FL 34748	<input checked="" type="checkbox"/>
			THE VILLAGES, FL 32162	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**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 legal empowered.**

**SIGNATURE:** THOMAS W. CLARKE, JR. **01/13/03** **(352) 751-0188**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)