

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90279 028 \*\*\*150.00

0130990 AT

**DOCUMENT # P01000022022**

1. Entity Name  
**CLARK-CONRAD, INC.**



Principal Place of Business  
**7330 SW 146 TERRACE  
MIAMI FL 33158**

Mailing Address  
**7330 SW 146 TERRACE  
MIAMI FL 33158**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1081164**

Applied For  
Not Applicable

Zip

Country

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

**CONRAD, ROBERT F  
7330 SW 146 TERRACE  
MIAMI FL 33158**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CONRAD, ROBERT F  
7330 SW 146 TERRACE  
MIAMI FL 33158** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CONRAD, DEBORAH K  
7330 SW 146 TERRACE  
MIAMI FL 33158** ☐ Delete

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

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

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:

**Robert F. Conrad**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/5/03** **305 278-8147**  
Date Daytime Phone #

CR2E034 (4/03)

Attachment

10110773

# PO 000022022

**CLARK-CONRAD, INC.**

**7330 S.W. 146 TERRACE, MIAMI, FLORIDA 33158**

**(305) 278-8147**

August 5, 2003

DIVISION OF CORPORATIONS

Uniform Business Report Filings

P.O. Box 1500

Tallahassee, Florida 32302-1500

SUBJECT: UNIFORM BUSINESS REPORT

To Whom It May Concern:

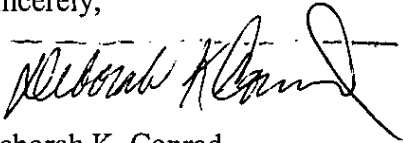
Please find enclosed a completed 2003 For Profit Corporation Uniform Business Report (UBR) for Clark-Conrad, Inc.

Further, this is to certify that Clark-Conrad, Inc. did not receive a prior notice. Per the instructions under 'Frequently Asked Questions', I hereby request waiver of penalty and draw your attention to our past filings as evidence of our prompt compliance over the years. Anticipating your acceptance, I hereby enclose a check in the amount of \$150.00.

I regret any inconvenience this may have caused and am available at your convenience should you have any questions.

Thanking you in advance of your consideration.

Sincerely,



Deborah K. Conrad  
President

enclosures