

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90217 016 ***150.00

DOCUMENT # P01000024104

1. Entity Name
CHARLES CLARK, P.A.



Principal Place of Business
23956 CREEK BRANCH LANE
BONITA SPRINGS FL 34135

Mailing Address
23956 CREEK BRANCH LANE
BONITA SPRINGS FL 34135



2. Principal Place of Business
10852 SW 78TH Ave
Suite, Apt. #, etc.

3. Mailing Address
10852 SW 78TH Ave
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
OCALA, FLA

City & State
OCALA, FLA

4. FEI Number 65-1098961

Applied For
☐ Not Applicable

Zip Country
34476 USA

Zip Country
34476 USA

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

6. Name and Address of Current Registered Agent

CLARK, CHARLES
23956 CREEK BRANCH LANE
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name
CLARK, CHARLES
Street Address (P.O. Box Number is Not Acceptable)
10852 SW 78TH Ave
City Ocala, FL Zip Code 34476

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 DATE 04/10/03

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
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS CLARK, CHARLES 23956 CREEK BRANCH LANE BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS CLARK, CHARLES 10852 SW 78 TH Ave OCALA, FLA 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

04/10/03

Date

Daytime Phone #

CR2E034 (10/02)