

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2002 90007 035 ***158.75

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DOCUMENT # P01000028534

1. Entity Name
PHILLIP CLARK & CO.

Principal Place of Business
**2715 SMITHFIELD DR
ORLANDO FL 32837**

Mailing Address
**2715 SMITHFIELD DR
ORLANDO FL 32837**



2. Principal Place of Business
9062 Dancy Tree Ct.
Suite, Apt. #, etc.

3. Mailing Address
12179 S. Apopka Vineland Rd.
Suite, Apt. #, etc.
#442

DO NOT WRITE IN THIS SPACE

City & State
Orlando, Florida
Zip
32836
Country
U.S.A.

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Orlando, Florida
Zip
32836
Country
U.S.A.

4. FEI Number
59-3708600

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARK, PHILLIP B
2715 SMITHFIELD DR
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name
Phillip B. Clark
Street Address (P.O. Box Number is Not Acceptable)
9062 Dancy Tree Court
City
Orlando FL Zip Code
32836

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 **Phillip B. Clark, PHILLIP B. CLARK, President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
1-12-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLARK, PHILLIP B
2715 SMITHFIELD DR
ORLANDO FL 32837

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **Phillip B. Clark, PHILLIP B. CLARK, President** **1-12-02** **407-376-3838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)