

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-27-2002 90448 044 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000039565

1. Entity Name

Smith & Clark, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2203 Dunn Ave

Suite, Apt. #, etc.

2

3. Mailing Address

2203 Dunn Ave

Suite, Apt. #, etc.

2

DO NOT WRITE IN THIS SPACE

37848

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3710425

Applied For

Not Applicable

Zip

32208

Country

Zip

32208

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Spiegel, UBERA, P.A.

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

343 Almeria Avenue

City

Coral Gables

FL

Zip Code
33134DO NOT WRITE
IN THIS SPACE

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)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PT3	Change
NAME	Clark, Derek M	
STREET ADDRESS	11085 Key Madeira Drive	
CITY - ST - ZIP	Jacksonville, FL 32218-4454	
TITLE	VD	Delete
NAME	Smith, Anthony B	
STREET ADDRESS	11085 Key Madeira Dr.	
CITY - ST - ZIP	Jacksonville, FL 32218-4454	
TITLE	S	Delete
NAME	Wang, Sen City	
STREET ADDRESS	11085 Key Madeira Dr.	
CITY - ST - ZIP	Jacksonville, FL 32218-4454	
TITLE		
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CITY - ST - ZIP		
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 904 757-1159

CR2E0348 (12/01)