

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90061 013 ***158.75

DOCUMENT # P01000050519

1. Entity Name
CLARKS TRANSPORT, INC.



Principal Place of Business
**2159 COTTON PATCH LN
MILTON FL 32583**

Mailing Address
**2159 COTTON PATCH LN
MILTON FL 32583**



2. Principal Place of Business
9301 Cotton Patch Ln
Suite, Apt. #, etc.

3. Mailing Address
9301 Cotton Patch Ln
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Milton FL

City & State
Milton FL

4. FEI Number
59-3723546

Applied For
Not Applicable

Zip
32583 Country
Santa Rosa

Zip
32583 Country
Santa Rosa

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

6. Name and Address of Current Registered Agent

**CLARK, STEVEN N
2159 COTTON PATCH LN
MILTON FL 32583**

7. Name and Address of New Registered Agent

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 **STEVEN CLARK**

(NOTE: Registered Agent signature required when reinstating)

DATE **1-8-03**

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 **P** ☐ Delete
NAME **CLARK, STEVEN**
STREET ADDRESS **2159 COTTON PATCH LN.**
CITY-ST-ZIP **MILTON FL 32583**

TITLE **S** ☐ Delete
NAME **CLARK, PATRICIA**
STREET ADDRESS **2159 COTTON PATCH LN.**
CITY-ST-ZIP **MILTON FL 32583**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **STEVEN CLARK**
STREET ADDRESS **9301 Cotton Patch Ln**
CITY-ST-ZIP **Milton FL 32583**

TITLE **S** ☒ Change ☐ Addition
NAME **Patricia Clark**
STREET ADDRESS **9301 Cotton Patch Ln**
CITY-ST-ZIP **Milton FL 32583**

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

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

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

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

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: **STEVEN CLARK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 850-623-2642
Date Daytime Phone #

CR2E034 (10/02)