FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/9/2

FILED
Aug 22, 2003 8:00 am
Secretary of State
07-09-2003 90043 028 ***150.00
08-22-2003 90108 021 ***400.00

DOCUMENT # P02000012485

1. Entity Name

BOBBY CLARK ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
625 E Stockton St Suite, Apt. #, etc.	P O Box 1089 Suite, Apt. #, etc.
City & State: Beverly Hills, FL	City & State: Hernando, FL
Zip: 34465 Country: Citrus	Zip: 34442 Country: Citrus

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-1628994 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Charles J. Ponder

Street Address (P.O. Box Number is Not Acceptable): 2667-B N. Florida Ave

City: Hernando FL Zip Code: 34442

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	DPS
NAME	Robert C Clark, JR
STREET ADDRESS	625 E Stockton St
CITY-ST-ZIP	Beverly Hills, FL 34465
TITLE	T
NAME	Cherri D. Clark
STREET ADDRESS	625 E Stockton St
CITY-ST-ZIP	Beverly Hills, FL 34465
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NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ROBERT C CLARK JR 7-8-03 352-726-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #