

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90503 022 ***150.00

DOCUMENT # P02000033438

1. Entity Name
E.D. CLARK FURNITURE SALES & RENTALS, INC.



Principal Place of Business
2929 E OCEAN BLVD #102-5 104-4
STUART FL 34996

Mailing Address
2929 E OCEAN BLVD #102-5 104-4
STUART FL 34996

2. Principal Place of Business
SEE ABOVE

3. Mailing Address
SEE ABOVE

Suite/Apt. #, etc.
SEE ABOVE

Suite/Apt. #, etc.
104-4

City & State
STUART FL

City & State
FL

Zip
34996

Country
UNITED STATES

Zip
34996

Country
UNITED STATES

4. FEI Number
74-2608093

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, EDWARD D
2929 E OCEAN BLVD #102-5
STUART FL 34996

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

(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
D

NAME
CLARK, EDWARD D

STREET ADDRESS
2929 E OCEAN BLVD #102-5

CITY-ST-ZIP
STUART FL 34996

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PRESIDENT

NAME
E.D. CLARK

STREET ADDRESS
2929 E OCEAN BLVD 104-4

CITY-ST-ZIP
STUART FL 34996

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)