

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90817 020 ***150.00

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DOCUMENT # P02000036277

1. Entity Name
CLARK BROS, INC.



Principal Place of Business
224 W CREVASSE ST
LAKELAND FL 33805

Mailing Address
224 W CREVASSE ST
LAKELAND FL 33805

2. Principal Place of Business

3. Mailing Address

7363 BRIANBAY Loop
Suite, Apt. #, etc.
LAKELAND FL

7363 BRIANBAY LOOP
Suite, Apt. #, etc.
LAKELAND, FLORIDA

City & State

City & State

Zip 33810

Country

Zip 33810

Country

4. FEI Number

03-0415140

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, THOMAS J
224 W CREVASSE ST
LAKELAND FL 33805

Name
EDGAR W CLARK
Street Address (P.O. Box Number is Not Acceptable)
228 CREVASSE ST.
City LAKELAND FL Zip Code 33805

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 EDGAR W CLARK *Edgar W Clark* 25 APR 03
Signature, typed or printed name of registered agent and title if applicable. (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, THOMAS J	
STREET ADDRESS	224 W CREVASSE ST	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, GEORGE M	
STREET ADDRESS	7363 BRIANBAY LOOP	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, EDGAR W	
STREET ADDRESS	228 W CREVASSE ST	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: EDGAR W CLARK *Edgar W Clark* 25 APR 03 (863) 581-2075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)