

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90312 041 ***150.00

DOCUMENT # P02000102745

1. Entity Name
LAW OFFICES OF EULA R. CLARKE, P.A.



Principal Place of Business
**615 SW ST. LUCIE CRESCENT
SUITE 1F
STUART, FL 34994**

Mailing Address
**P.O. BOX 3335
STUART, FL 34995**

50037010



2. Principal Place of Business
Review **615 SW ST. LUCIE CRESCENT**
Suite, Apt. #, etc.
SUITE 2B + 2C

3. Mailing Address
P.O. Box 3335
Suite, Apt. #, etc.

04122005 Chg-P CR2E034 (10/03)

City & State
STUART FL
Zip
34994 Country
USA

City & State
STUART FL
Zip
34995 Country
USA

4. FEI Number
56-2296692

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ROBINSON-CLARKE, EULA R
615 SW ST. LUCIE CRESCENT
SUITE 1F
STUART, FL 34994**
SUITE 2B + 2C

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 _____
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ROBINSON-CLARKE, EULA R**
STREET ADDRESS **615 SW ST LUCIE CRESCENT, SUITE 2B&2C**
CITY-ST-ZIP **STUART, FL 34994**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Eula R. Clarke 4/12/05 772-220-3324

www.sunbiz.org

ATTACHMENT

50037010

Division of Corporations

Annual Report

Document Number

P02000102745

Business Entity Name

LAW OFFICES OF EULA R. CLARKE, P.A.

FEI Number:

562296692

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

615 SW ST. LUCIE CRESCENT

Suite, Apt. #, etc.

SUITE 2B & 2C

City, State

STUART

FL

Zip Code & Country 34994

772-220-3324

Mailing Address

Address

P.O. BOX 3335

Suite, Apt. #, etc.

City, State

STUART

FL

Zip Code & Country 34995

Name And Address of Registered Agent

Name (Last, First, Middle, Title) ROBINSON-CLARK, EULA

R

-or- RA Business Name:

Address:

615 SW ST. LUCIE CRESCENT

Suite, Apt. #, etc.

SUITE 2B & 2C

City, State

STUART

FL

Zip Code & Country

34994

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own P.A.

Registered Agent Signature:



This signature must be that of the individual "signing" this document electronically or made with the full knowledge and permission of the individual, otherwise it constitutes

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P02000102745

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forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title: P
Name (Last, First, Middle, Title): ROBINSON-CLARK, EULA R
-or- Entity Name:
Street Address: 615 SW ST LUCIE CRESCENT, SUITE 2B&C
City, State: STUART FL
Zip Code & Country: 34994

Title:
Name (Last, First, Middle, Title):
-or- Entity Name:
Street Address:
City, State:
Zip Code & Country:

Title:
Name (Last, First, Middle, Title):
-or- Entity Name:
Street Address:
City, State:
Zip Code & Country:

Title:
Name (Last, First, Middle, Title):
-or- Entity Name:
Street Address:
City, State:
Zip Code & Country:

Title:
Name (Last, First, Middle, Title):
-or- Entity Name:
Street Address:
City, State:
Zip Code & Country:

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#P02000102745-

Title

Name (Last, First, Middle, Title)

57037010

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Pres

Officer/Director Signature Eula R. Robinson-Clarke

Eula R. Robinson-Clarke
4/12/05
772-220-
3324

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual. otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true

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50035010
Division of Corporations

Annual Report

Document Number

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Business Entity NameLAW OFFICES OF EULA R. CLARKE,
P.A.**FEI Number**

562296692

FEI Number Status

Current

Certificate of Status Desired

No

**Election Campaign Financing Trust Fund
Contribution**

No

Principal Place of Business

Address 615 SW ST. LUCIE CRESCENT
Suite, Apt. #, etc. SUITE 2B & 2C
City, State STUART, FL
Zip Code & Country 34994

Mailing Address

Address P.O. BOX 3335
Suite, Apt. #, etc.
City, State STUART, FL
Zip Code & Country 34995

Name And Address of Registered Agent

Name (Last, First, Middle, Title) ROBINSON-CLARKE, EULA , R
Address 615 SW ST. LUCIE CRESCENT
Suite, Apt. #, etc. SUITE 2B & 2C
City, State STUART, FL
Zip Code & Country 34994 US

Registered Agent Signature**Officer/Director Name And Address**

Title P
Name (Last, First, Middle, Title) ROBINSON-CLARKE, EULA , R
Street Address 615 SW ST LUCIE CRESCENT, SUITE 2B&2C
City, State STUART, FL

Division of Corporations

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#P02000102745 -

Zip Code & Country

34994

57037010

Title

PRES

Officer/Director Signature

EULA R. ROBINSON-CLARKE

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