2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000112698 **DOCUMENT #**

1. Entity Name CLK PROPERTIES OF NORTHWEST FLORIDA, INC.



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

05-01-2003 90416 050 ***158.75

| Sens SALLEY FIELD ROAD PENSACOLA FL 2858 Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State City & State Ordinary Street Address (PO, Box Number is Not Acceptable) FL Zip Code 8. The above named onthy submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Plotida. Tam tamilar with, and accept the deligations of registered agent. SIGNATURE Fill & GOW!!! FEE Is S150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Plorida Department of State 10. OFFICERS AND DIRECTORS IN 1. TIE WAS STATE ADDRESS OFFICERS AND DIRECTORS IN 1. TIE WAS STATE ADDRESS OFFICERS AND DIRECTORS IN 1. TIE WAS STATE ADDRESS OFFI-SIZE CITY-S1-72 Change Addition MAKE | | | | | | | 7 . | | | | |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City State City & | 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| City & State Country Country Zip Country Zip Country Zip Country S. Certificate of Status Desired Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 8. The above named critis statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyeld or intend name or trug littered agent and tite if audicable (NOTE: Registered diffice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE FLE (SQOW!!! FEEL IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Paygible to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 NAME SIRET ADDRESS ON'S 1-2P PRACOLA FL 32526 ITILE MAME SIRET ADDRESS ON'S 1-2P Change Addition AME SIRET ADDRESS ON'S 1-2P Change Addition Addition AME SIRET ADDRESS SIRET ADDRESS ON'S 1-2P Change Addition Additio | | | | , | | | | | | | |
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| BROWN, GERALD L 5805 SAULEY FIELD ROAD PENSACOLA FL 32526 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 farmiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and viter iii applicable. (NOTE: Registered Agent signature required when remaining) Part | Zip | Country | Zip | | Count | try | 5. | . Certificate of Status Desired | | | |
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| Street Address (P.O. Box Number is Not Acceptable) FILE 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 agent and trife if applicable. (NOTE Registered Agent signature required when remarking) DATE FILE (ADW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Fee shade to Personal DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE D | PROVINCE OF THE PROVINCE OF TH | | | | | Name | | | | | |
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| 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 and title if applicable. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaffing) Part | PENSACC | DLA FL 32526 | | | | | | | | | |
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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: S

Heaton, Secretary/Treasurer