

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P40110**

1. Entity Name

**CLARKE MOSQUITO CONTROL PRODUCTS, INC.**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90091 037 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 72288  
 ROSSELLE IL 60172

P.O. BOX 72288  
 ROSSELLE IL 60172-0288

2. Principal Place of Business

**159 N. GARDEN AVE**

3. Mailing Address

**159 N. GARDEN AVE**

Suite, Apt. #, etc.

**Po Box 72197**

Suite, Apt. #, etc.

**PO BOX 72197**

City & State

City & State

4. FEI Number

**36-3672438**

Applied For

Not Applicable

Zip

Country

Zip

Country

**60172**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	CLARKE, JOHN L., JR.	
STREET ADDRESS	159 GARDEN AVENUE	
CITY-ST-ZIP	ROSELLE IL 60172	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	CLARKE, MARY KEMP	
STREET ADDRESS	159 N. GARDEN	
CITY-ST-ZIP	ROSELLE IL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	CLARKE, III J L	
STREET ADDRESS	159 GARDEN AVENUE	
CITY-ST-ZIP	ROSELLE IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ERICKSON, LARRY	
STREET ADDRESS	159 N GARDEN AVE	
CITY-ST-ZIP	ROSELLE IL 60172	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARGO, KEVIN	
STREET ADDRESS	159 N GARDEN AVE	
CITY-ST-ZIP	ROSELLE IL 60172	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KANOUSE, FRANCES	
STREET ADDRESS	159 N GARDEN AVE	
CITY-ST-ZIP	ROSELLE IL 60172	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH TADSON	
STREET ADDRESS	225 W WASHINGTON	
CITY-ST-ZIP	CHGO IL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN MARGO	
STREET ADDRESS	159 N. GARDEN AVE	
CITY-ST-ZIP	ROSELLE, IL 60172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Frances Kanouse*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANCES KANOUSE**

Date

**4-24-2000**

Daytime Phone #

**630-894-2000**

CR2E034 (9/99)