

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90074 026 \*\*\*150.00

0441761 AV

**DOCUMENT # P92000008655**

1. Entity Name  
**CLARK POOLS & SPAS INC.**



Principal Place of Business  
**15051 ROBERT BASNS RD  
DADE CITY FL 33860  
US**

Mailing Address  
**15051 ROBERT BASNS RD  
DADE CITY FL 33860  
US**



2. Principal Place of Business  
**5111 Eagles Nest Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**5111 Eagles Nest Dr.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Lakeland, FL**  
Zip  
**33810** Country  
**U.S.**

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Zip  
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4. FEI Number **59-3152048** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent.

**CLARK, CHARLES D III  
7520 OAK HAVEN DRIVE  
LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name **Clark, Charles D III**  
Street Address (P.O. Box Number is Not Acceptable)  
**5111 Eagles Nest Dr.**  
City **Lakeland** FL Zip Code **33810**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CLARK, CHARLES D III</b> <b>15051 ROBERTS BARN RD</b> <b>DADE CITY FL 33523</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>CLARK, SONIA M</b> <b>15051 ROBERTS BARN RD</b> <b>DADE CITY FL 33523</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Clark, Charles D III</b> <b>5111 Eagles Nest Dr.</b> <b>Lakeland FL 33810</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>Clark, Sonia M</b> <b>5111 Eagles Nest Dr.</b> <b>Lakeland, FL 33810</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles D. Clark III **Charles D. Clark III** 4/18/03 863 816 1702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)