

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P93000008442

1. Entity Name

CLARKSVILLE GENERAL STORE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

04-20-2000 90042 035 ***150.00

Principal Place of Business
PO BOX 69
CLARKSVILLE FL 32430

Mailing Address
PO BOX 69
CLARKSVILLE FL 32430-0069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3164512

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, CONNIE
PO BOX 69 R.B. Jones Road Hwy 20 W,
CLARKSVILLE FL 32430

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 *Connie H Jones*
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	D	<input type="checkbox"/> Delete
NAME	JONES, CONNIE H	
STREET ADDRESS	HIGHWAY 20 WEST	
CITY-ST-ZIP	CLARKSVILLE FL 32430	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, KENNETH B	
STREET ADDRESS	HIGHWAY 20 WEST	
CITY-ST-ZIP	CLARKSVILLE FL 32430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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		

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: *Connie H Jones* *Connie H Jones* 475-200 850 674-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)