

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90370 031 ***150.00

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DOCUMENT # P95000013478

1. Entity Name
ROBERT S. CLARK ENTERPRISES, INC.



Principal Place of Business
**1179 S.W. ITHACA STREET
PORT ST. LUCIE FL 34983
US**

Mailing Address
**1179 S.W. ITHACA STREET
PORT ST. LUCIE FL 34983
US**

2. Principal Place of Business

2303 N. US 1

3. Mailing Address

1179 S.W. Ithaca St

Suite, Apt. #, etc.

Suite 10

Suite, Apt. #, etc.

City & State

FT. Pierce FL

City & State

Port St Lucie FL

Zip

34946

Country

St. Lucie

Zip

34983

Country

St. Lucie

6. Name and Address of Current Registered Agent

**CLARK, ROBERT S
1179 S.W. ITHACA ST.
FORT. PIERCE FL 34983**

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

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

President
(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

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

TITLE **P** ☐ Delete
NAME **CLARK, ROBERT**
STREET ADDRESS **1179 ITHACA STREET**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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:

Robert S. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

712 201 0871

Date

Daytime Phone #

CR2E034 (10/02)