

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000017285

FILED
Feb 28, 2002 8:00 AM
Secretary of State

Entity Name: CLARK EDWARDS INSURANCE AGENCY, INC.

Current Principal Place of Business:

828 BEACH BLVD
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

828 BEACH BLVD
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3301419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, JAMES C
828 BEACH BLVD
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EDWARDS, JAMES C
Address: 828 BEACH BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CLARK EDWARDS

PRES

02/28/2002

Electronic Signature of Signing Officer or Director

Date