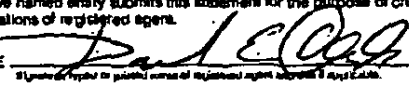


FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90069 016 ***163.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094919			
1. Entity Name DAVID E. CLARK & ASSOCIATES, INC.			
Principal Place of Business 6370 TAMARIND RIDGE DR NAPLES, FL 34119 US		Mailing Address 6370 TAMARIND RIDGE DR NAPLES, FL 34119 US	
2. Principal Place of Business 2010 19th Street SW Suite, Apt. #, etc.		3. Mailing Address 2010 19th Street SW Suite, Apt. #, etc.	
City & State Naples, FL Zip 34117 Country US		City & State Naples, FL Zip 34117 Country US	
4. FEI Number 65-0829488		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$0.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CLARK, DAVID E 6370 TAMARIND RIDGE DR NAPLES, FL 34119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2010 19th Street SW City Naples FL Zip Code 34117	
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:  DATE: 4-29-2003 (NOTE: Registered Agent signature required upon reinstatement)			
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		TITLE NAME STREET ADDRESS CITY, ST, ZIP	
CLARK, DAVID E 6370 TAMARIND RIDGE DR NAPLES, FL 34119		2010 19th Street SW Naples, FL 34117	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE 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(5)(f), 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:  DATE: 4-29-2003		239-272-1000	