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)

80134402

DOCUMENT # P95000094919

1. Entity Name
DAVID E. CLARK & ASSOCIATES, INC.

Principal Place of Business
~~5370 TAMARIND RIDGE DR~~
~~NAPLES, FL 34119 US~~

Mailing Address
~~5370 TAMARIND RIDGE DR~~
~~NAPLES, FL 34119 US~~

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2010 19th Street SW	2010 19th Street SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Fl	City & State: Naples, Fl
Zip: 34117 Country: US	Zip: 34117 Country: US

4. FEI Number: 65-0629486 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CLARK, DAVID E
~~5370 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 [signature] DATE 4-29-2003
(NOTE: Registered Agent signature required when reinstating)

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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST CLARK, DAVID E ~~5370 TAMARIND RIDGE DR~~ ~~NAPLES, FL 34119~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2010 19th Street SW Naples, Fl 34117
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4-29-2003 239-272-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)