## Applied For Not Applicable \$8.75 Additional Fee Required

## **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P96000013504 1. Entity Name CLARK'S MANUFACTURING, INC. 03-20-2000 90059 011 \*\*\*150.00 Mailing Address Principal Place of Business 4230 WILLOW OAK ROAD 4230 WILLOW OAK ROAD MULBERRY FL 33860 MULBERRY FL 33860-9571 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3188860 Zip! Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, TRUITT C JR Street Address (P.O. Box Number is Not Acceptable) 4230 WILLOW OAK ROAD MULBERRY FL 33860 Zip Code City FI 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D TITLE Addition TITLE ☐ Delete CLARK, TRUITT C JR NAME NAME STREET ADDRESS STREET ADDRESS 4230 WILLOW OAK ROAD CITY-ST-ZIP CITY-ST-ZIP MULBERRY FL 33860 Change Addition ☐ Delete TITLE CLARK, EMMA J NAME STREET ADDRESS 4230 WILLOW OAK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MULBERRY FL 33860** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS

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 1 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Delete

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

OF SIGNING OFFICER OR DIRECTOR

**2000 UNIFORM BUSINESS REPORT (UBR)** 

☐ Change

Change

Addition

Addition

CR2E034 (9/3)