

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043353

1. Entity Name

CLARK INDUSTRIAL CONSTRUCTION, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90105 035 \*\*\*150.00

Principal Place of Business

Mailing Address

5108 RTE 17 N  
BOWLING GREEN FL 33834  
US

P. O. BOX 307  
BOWLING GREEN FL 33834  
US

2. Principal Place of Business

6505 MT. PISGAH RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MEADE, FL

City & State

4. FEI Number

59-3383348

Applied For

Not Applicable

Zip

33841

Country

POLK

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRMEYER, HARRY W.  
135 JADE WAY  
LAKE PLACID FL 33852

Name

Street Address (P.O. Box Number's Not Acceptable)

City

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.

SIGNATURE

*Harry W. Kirmeyer*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

APRIL 22, 2001

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
OP  
KIRMEYER, HARRY W.  
5108 RTE 17 N  
BOWLING GREEN FL 33834 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-STATE-ZIP ☐ Delete

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STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

KIRMEYER, HARRY W.

SIGNATURE:

*Harry W. Kirmeyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 22, 2001

DATE

OFFICE: 863

375-4664

Daytime Phone #

CR2E034 (10/00)