

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082984

1. Entity Name

CLARK'S WELDING & MACHINE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90107 016 ***150.00

Principal Place of Business

Mailing Address

11181 43RD ST. N
 UNIT G
 PINELLAS PARK FL 33781

11181-43 STN
 UNIT G
 CLEARWATER FL 33781
 US

2. Principal Place of Business

3. Mailing Address

11181-43RD ST. N.

" "

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT B

" "

City & State

City & State

CLEARWATER FL

" "

Zip

Country

Zip

Country

33781

Pinellas

"

"



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3416184

Applied For

Not Applicable

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

Name

NONE

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 11

TITLE PSTD
 NAME CLARK, JOHN L
 STREET ADDRESS 6936 83RD AVENUE NORTH
 CITY-ST-ZIP PINELLAS PARK FL 33781

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 CITY-ST-ZIP

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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00 7275461044
 Date Daytime Phone #

CR2E034 (9/99)