

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082984

1. Entity Name

CLARK'S WELDING & MACHINE, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90459 028 \*\*\*150.00

Principal Place of Business

11181 43RD STREET N. UNIT B  
CLEARWATER FL 33781

Mailing Address

11181 43RD STREET N. UNIT B  
UNIT G  
CLEARWATER FL 33781  
US

2. Principal Place of Business

SAME

3. Mailing Address

11181-43RD ST. N. UNIT "B"

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PINELLAS PARK FL

City & State

PINELLAS PK, FL

4. FEI Number

59-3416184

Applied For

Not Applicable

Zip

33762

Country

PINELLAS

Zip

33762

Country

PINELLAS

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

CLARK, JOHN L  
6349 82ND AVENUE NORTH  
PINELLAS PARK FL 33781

Name

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)

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**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.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

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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

JOHN L. CLARK

Date

4/27/01 727 299 9322

Daytime Phone #

CR2E034 (10/00)