

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033174

1. Entity Name

CLARKE CORPORATION OF CENTRAL FLORIDA

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90115 039 ***150.00

Principal Place of Business

657 ELLA MAE DRIVE
DAVENPORT FL 33837

Mailing Address

657 ELLA MAE DRIVE
DAVENPORT FL 33837-5485

2. Principal Place of Business

5129 Cranes Point

Suite, Apt. #, etc.

3. Mailing Address

5129 Cranes Point

Suite, Apt. #, etc.

City & State

Edgewood, FL

Zip

32839

Country

USA

City & State

Edgewood, FL

Zip

32839

Country

USA

4. FEI Number

59-3468402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARKE, KEITH
657 ELLA MAE DRIVE
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name

Keith - Clarke

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

5129 Cranes Point

City

Edgewood

FL

Zip Code

32839

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARKE, KEITH	
STREET ADDRESS	657 ELLA MAE DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CLARKE, KATRINA	
STREET ADDRESS	657 ELLA MAE DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5129 Cranes Point	
CITY-ST-ZIP	Edgewood, FL 32839	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5129 Cranes Point	
CITY-ST-ZIP	Edgewood, FL 32839	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

4/18/00

Date

407 859 6738

Daytime Phone #

CR2E034 (9/99)