

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90100 020 ***150.00

80100620

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000033770

1. Entity Name
CLARKS & CHRISTINA ENTPS. INC

Principal Place of Business

Mailing Address

1780 DOYLE ROAD
DELTANA FL 32725

2. Principal Place of Business

1780 DOYLE ROAD

Suite, Apt. #, etc.

SUITE 3

City & State

DELTANA FL

Zip

32725

Country

U.S.A

3. Mailing Address

P.O. Box 238

Suite, Apt. #, etc.

City & State

OSTEEN FL

Zip

32764

Country

U.S.A

4. FEI Number

59-3488828

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARLES R WELLS

250 URANUS TR.

OSTEEN FL 32764

7. Name and Address of New Registered Agent

Name

SAME

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

CHARLES R WELLS PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/00

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	U.P.	<input type="checkbox"/> Delete
NAME	CHRISTINA M WELLS	
STREET ADDRESS	250 URANUS TR	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	JENNIFER L MILLER	
STREET ADDRESS	2881 SAGEW CT	
CITY-ST-ZIP	DELTANA FL 32738	
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 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		
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:

CHARLES R WELLS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00

Date

407-330-5873

Daytime Phone #

CR2E034 (9/99)