

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90100 020 ***150.00

80100660

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000033770

1. Entity Name
 CLARKS & CHRISTINA ENTPS. INC ✓

Principal Place of Business Mailing Address
 1780 DOYLE ROAD
 DEITONA FL 32725

2. Principal Place of Business 3. Mailing Address
 1780 DOYLE ROAD P.O. Box 238
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE 3
 City & State City & State
 DEITONA FL OSTEEN FL
 Zip Country Zip Country
 32725 U.S.A 32764 U.S.A

4. FEI Number Applied For
 59-3488828 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 SAMC
 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 CHARLES R WELLS PRESIDENT 4/23/00
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	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 Saxon Ct	
CITY-ST-ZIP	DEITONA 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
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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 CHARLES R WELLS PRESIDENT 4/23/00 407-330-5873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)