

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043031

1. Entity Name

CLARK ENTERPRISES OF ST. AUGUSTINE, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90034 011 ***150.00

Principal Place of Business	Mailing Address
15 ST. GEORGE STREET ST. AUGUSTINE FL 32084	15 ST. GEORGE STREET ST. AUGUSTINE FL 32084-3600

2. Principal Place of Business	3. Mailing Address
15 Saint George	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
St Aug. FL	same
Zip	Zip
32084	same
Country	Country
St Johns	

4. FEI Number	59-3444216	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CLARK, LISA L 17 NAVARRA COURT ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent		
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 _____ (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																								
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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)

4-2-00

Date

Daytime Phone #

904
808-4740

CR2E034 (9/99)