

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90204 050 \*\*\*150.00

DOCUMENT # **097000060529**

1. Entity Name

**AIAN John Clark, PA**

Principal Place of Business

Mailing Address

**8927 MARTINA BAY DRIVE**  
**Hobe Sound, FL 33455**

**8927 Marina Bay DRIVE**  
**Hobe Sound, FL 33455**

2. Principal Place of Business

3. Mailing Address

**8927 Marina Bay Drive**

**8927 MARTINA Bay Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**HOBE SOUND, FL**

City & State  
**HOBE SOUND, FL**

4. FEI Number

Applied For

Not Applicable

Zip  
**33455**

Country  
**USA**

Zip  
**33455**

Country  
**USA**

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

**AIAN John Clark**  
**8927 Marina Bay DRIVE**  
**HOBE SOUND, FL 33455**

Name **AIAN John Clark**

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

**8927 MARTINA BAY DRIVE**

City **HOBE SOUND**

**FL**

Zip Code **33455**

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 **AIAN John Clark, Pres.** DATE **9/3/01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **President**  
**AIAN John Clark**  
STREET ADDRESS **8927 MARTINA Bay DRIVE**  
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 an officer like empowered.

SIGNATURE: **AIAN John Clark, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-3-01 201-934-4267**

Date

Daytime Phone #

CR2E034 (5/01)

Attachment  
0# P9700060539  
A0065450

Alan John Clark  
8927 Marina Bay Drive  
Hobe Sound, FL 33455  
(201) 684-0109

September 3, 2001

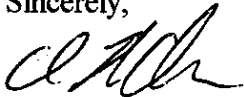
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 2001 Uniform Business Report

Dear Division of Corporations:

I am enclosing \$150.00 to the Division of Corporations. My mail was not forwarded. I have been in New Jersey staying with family and taking care of my sick wife who is undergoing medical treatment at Cornell Medical Center in New York City. I explained the situation to your staff at the Division of Corporations. They advised me to send a letter explaining what happened. I request that any penalty for late filing be waived.

Sincerely,



Alan J. Clark