

**FOR PROFIT CORPORATION
UNIFORM-BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90816 040 ***558.75

B0126909

DOCUMENT # P97000071837

1. Entity Name

Clary Utility Location, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3830 Crown Point Road

Suite, Apt. #, etc.

Suite A

City & State

Jacksonville, FL

Zip

32257

Country

Duval

3. Mailing Address

3830 Crown Point Road

Suite, Apt. #, etc.

Suite A

City & State

Jacksonville, FL

Zip

32257

Country

Duval

4. FEI Number

59-3463390

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Douglas A. Ward

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

1301 Gulf Life Drive

Suite 1500

City

Jacksonville

FL

Zip Code
32207

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPTS
Gregory B. Clary
3830 Crown Point Road
Jacksonville, FL 32257

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)

Attachment
60126905

Corporate Office
3830 Crown Point Road
Jacksonville, Florida 32257
(904) 260-2703
fax (904) 260-3799

email:
survey@claryassoc.com

June 28, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Document G-42327
Document P-97000071837

Dear Sir or Madam:

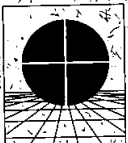
This filing is late due to an oversight in our office. Would it be possible to send our Certificate of Status via Federal Express when processed? Our current certificate has expired and this is required for many of our clients.

Thank you for your assistance.
CLARY & ASSOCIATES, INC.

Cheryl Winsett

Cheryl Winsett
Administrative Assistant

cc: Greg Clary
Sue Scull



Clary & Associates, Inc.
Professional Surveyors & Mappers

