

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90696 007 ***150.00

0124702 AV

DOCUMENT # P97000106633

1. Entity Name
CLARK CONSTRUCTION ENTERPRISES, INC.



Principal Place of Business
**395 ABALONE ROAD
PALM BAY FL 32907
US**

Mailing Address
**395 ABALONE ROAD
PALM BAY FL 32907**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3486766

Applied For
Not Applicable

Zip Country

Zip Country

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

**CLARK, DENNIS R
395 ABALONE ROAD
PALM BAY FL 32907**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - NAME	PVST CLARK, DENNIS R	<input type="checkbox"/> Delete
STREET ADDRESS	395 ABALONE ROAD	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE - NAME	D CLARK, DENNIS R	<input type="checkbox"/> Delete
STREET ADDRESS	395 ABALONE ROAD	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE - NAME	T CLARK, PATRICIA L	<input type="checkbox"/> Delete
STREET ADDRESS	395 ASALONE RD. N.W.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE - NAME	ST CLARK, PATRICIA L	<input type="checkbox"/> Delete
STREET ADDRESS	395 ABALONE RD. N.W.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03
Date

321-727-7179
Daytime Phone #

CR2E034 (10/02)