

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90196 039 ***150.00

DOCUMENT # P98000029787

1. Entity Name
FRANK CLARK, P.A.



Principal Place of Business
**202 S. MOODY AVE
TAMPA FL 33609**

Mailing Address
**202 S. MOODY AVE
TAMPA FL 33609**

2. Principal Place of Business

1007 W. CLEVELAND ST.

Suite, Apt. #, etc.

3. Mailing Address

1007 W. CLEVELAND ST.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33606

Country

USA

City & State

TAMPA, FL

Zip

33606

Country

USA

4. FEI Number

59-3505871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CLARK, FRANK
202 S. MOODY AVE
TAMPA FL 33609**

Name

FRANK CLARK

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

1007 W. CLEVELAND ST.

City

TAMPA

FL

Zip Code

33606

7. Name and Address of New Registered Agent

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 filer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FRANK CLARK, PRESIDENT

4/14/03

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

TITLE **PD** ☒ Delete
NAME **CLARK, FRANK**
STREET ADDRESS **202 S. MOODY AVE**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **FRANK CLARK**
STREET ADDRESS **1007 W. CLEVELAND ST.**
CITY-ST-ZIP **TAMPA, FL 33606**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK CLARK, PRES.

Date

4/14/03

Daytime Phone #

(813) 250-3813

CR2E034 (10/02)