

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90142 025 ***158.75

0024923
AV

DOCUMENT # P98000032206

1. Entity Name
CLIFFORD POE CONTRACTOR, INC.



Principal Place of Business
**5569 MANFIELDS PLACE
JACKSONVILLE FL 32207**

Mailing Address
**5569 MANFIELDS PLACE
JACKSONVILLE FL 32207**

2. Principal Place of Business
1215 Green Cove Ave

3. Mailing Address
1215 Green Cove Ave

Suite, Apt. #, etc.

City & State
Green Cove Springs, FL

Zip
32043

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3502279

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POE, CLIFFORD L JR
5569 MANFIELDS PLACE
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name
Poe, Clifford L Jr

Street Address (P.O. Box Number is Not Acceptable)
1215 Green Cove Ave

City
Green Cove Springs

FL

Zip Code
32043

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 **Shari Poe** **Shari Poe**

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 STREET ADDRESS CITY-ST-ZIP	P POE, JR, CLIFFORD L 5569 MANFIELDS PL JACKSONVILLE FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POE, SHERI A 5569 MANSFIELD PLACE JACKSONVILLE FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: **Shari Poe** **Shari Poe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 May 03

904-284-2241

Daytime Phone #

CR2E034 (10/02)