REDRIC R.		2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000040799 L. Entity Name					FILED May 16, 2000 8:00 am Secretary of State		
	CLARK, III P A					05-16-2000 90095 0)46 ***150.00		
ncipal Place of B	usiness	Mailing Address 115 LAKESHORE DRIVE							
5 LAKESHORE DRIVE		4040				8410	40		
49 Inth Palm Beach Fl 33408		NORTH PALM BEACH FL 33408-3691			_				
. Principal Place of Business		3. Mailing Address				DO NOT WRITE IN TH	HIS SPACE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI	Number 65-0865436	Applied Not Ap	d For plicable	
City & State		City & State Zip	Cour	ntry	5 , Ce	rtificate of Status Bosins ==	\$8.75 Addition Fee Required	nal 	
Zìp	Country				7. Na	me and Address of New Registe	red Agent		
	6. Name and Address of Current	Registered Agent		Name					
				Street Address (P.O. Box Number is Not Acceptable)					
CLARK,	, FREDRIC R III			Street Addit					
115 LA	KESHORE DRIVE						Zip Code		
#649 North Palm Beach Fl 33408				City			FL Zip Code		
NOKIN	amed entity submits this statement				gistered ans	nt, or both, in the State of Florida.			
	amed entity submits this statement t	for the purpose of changin	g its registe	ered office of re	gistore - s				
8. The above he	arriod only				_		DATE		
SIGNATURE		et and title if applicable.	(NOTE, Regist	ered Agent signature	required when re-	ristating)			
	ignature, typed or printed name of registered age	en C N	OWIII FE	E IS \$150.00)	10. Election Campaign Financi		May Be	
9. This corporation is eligible to satisfy its Int		angible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$55			U.UU	Trust Fund Contribution.			
Tax filing red	quirement and elects to do so:		ayable to	Department t	of State	DDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS	IN 11	
(See criteria	a on back)	ND DIRECTORS		12.	AL	30((10)10) 0:	Change	Additi	
11.	D	☐ Delete	1	TITLE					
TITLE	CLARK FREDRIC R III		1	STREET ADDRESS					
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NAME			1	STREET ADDRESS					
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t nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, I further certify that he 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 direction of 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR