

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055925

1. Entity Name

CLARKE'S GLOBAL INVESTMENTS INTERNATIONAL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90144 031 ***150.00

Principal Place of Business

HIGHLAND AVENUE
FL 34698

Mailing Address

POST OFFICE BOX 489
DUNEDIN FL 34697-0489

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SPIEGLE & UTRERA, P.A.
343 ALMARIA AVE
CORAL GABLES FL 33134

4. FEI Number 59-3530133

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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.

SIGNATURE

Donald A. Clarke - President, Inc.

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

(NOTE: Registered Agent signature required when reinstating)

4/6/00
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	CLARKE, DONALD A	
STREET ADDRESS	612 HIGHLAND AVENUE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DUNN, QUINCY J	
STREET ADDRESS	612 HIGHLAND AVENUE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUNN, VENICE	
STREET ADDRESS	612 HIGHLAND AVENUE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, SHERELLE	
STREET ADDRESS	612 HIGHLAND AVENUE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald A. Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00
Date

727-563-7444
Daytime Phone #

CR2E034 (9/99)