

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000056712**

1. Entity Name

**CLARK'S FISHERY, INC.****FILED****Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90300 013 \*\*\*150.00

Principal Place of Business

**930 LUCAS ROAD  
FORT MYERS FL 33919**

Mailing Address

**930 LUCAS ROAD  
FORT MYERS FL 33919**

2. Principal Place of Business

**1348 Golf Drive**

Suite, Apt. #, etc.

3. Mailing Address

**1348 Golf Drive**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**Fort Myers, FL**

City &amp; State

**Fort Myers, FL**

4. FEI Number

**65-0846625**

Applied For

Not Applicable

Zip

**33919**

Country

**Lee**

Zip

**33919**

Country

**Lee**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****GRIFFITH, ALLAN T  
2100 MCGREGOR BLVD  
FORT MYERS FL 33901****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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, VERNAL GEORGE JR</b>	
STREET ADDRESS	<b>930 LUCAS ROAD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLARK, VERNAL GEORGE III</b>	
STREET ADDRESS	<b>930 LUCAS ROAD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	

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

TITLE		<input type="checkbox"/> Delete
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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
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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:****Vernal George Clark Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/31/01**  
Date**941-234-9155**  
Daytime Phone #

CR2E034 (10/00)