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

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P98000073589** CLARK & ASSOCIATES, INC. 04-27-2001 90363 050 \*\*\*150.00 Principal Place of Business Mailing Address 4065-C VILLAGE DRIVE 4065-C VILLAGE DRIVE DELRAY BEACH FL 33445-2965 DELRAY BEACH FL 33445-2965 80039901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0859059 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, KENNETH S Street Address (P.O. Box Number is Not Acceptable) 4065-C VILLAGE DRIVE DELRAY BEACH FL 33445-2965 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE TITLE ☐ Delete Change Addition NAME CLARK, KENNETH S NAME STREET ADDRESS 4065-C VILLAGE DRIVE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33445-2965 CITY - ST - ZIP TITLE ☐ Delete D,5, T TITLE Addition NAME CLARK, ANNE K NAME STREET ADDRESS 4065-C VILLAGE DRIVE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33445-2965 CITY-ST-7IP TITLE ☐ Delete TITLE M Change Addition NAME SUMMERS, LEE C NAME 4913 Sugar Pine DRIVE BOCA RATON, FL 33487 STREET ADDRESS 2300 GLADES RD., SUITE 460 WEST STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE Defete TIFLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-\$T-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR