

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90977 009 ***150.00

DOCUMENT # P98000073589

1. Entity Name
CLARK & ASSOCIATES, INC.



Principal Place of Business
**601 23RD PLACE SW
VERO BEACH FL 32962-8110**

Mailing Address
**601 23RD PLACE SW
VERO BEACH FL 32962-8110**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0859059**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, KENNETH S
4065-C VILLAGE DRIVE
DELRAY BEACH FL 33445-2965**

Name **CLARK, Kenneth S.**
Street Address (P.O. Box Number is Not Acceptable)
601 23RD PLACE SW
City **VERO BEACH, FL** Zip Code **32962-8110**

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

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 **DP** ☐ Delete
NAME **CLARK, KENNETH S**
STREET ADDRESS **4065-C VILLAGE DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445-2965**

TITLE **DP** ☒ Change ☐ Addition
NAME **CLARK, Kenneth S.**
STREET ADDRESS **601 23RD PLACE SW**
CITY-ST-ZIP **VERO BEACH, FL 32962-8110**

TITLE **DST** ☐ Delete
NAME **CLARK, ANNE K**
STREET ADDRESS **4065-C VILLAGE DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445-2965**

TITLE **DST** ☒ Change ☐ Addition
NAME **CLARK, Anne K.**
STREET ADDRESS **601 23RD PLACE SW**
CITY-ST-ZIP **VERO BEACH, FL 32962-8110**

TITLE **D** ☐ Delete
NAME **SUMMERS, LEE C**
STREET ADDRESS **4913 SUGAR PINE DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/02

Date

772-299-7994

Daytime Phone #

CR2E034 (10/02)