

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90184 001 ***150.00

DOCUMENT # P99000003208

1. Entity Name

CLARK AND COMPANY, THE ULTIMATE SALON

Principal Place of Business

Mailing Address

**4502 BRADFORDVILLE RD.
 TALLAHASSEE FL 32308**

**4502 BRADFORDVILLE RD.
 TALLAHASSEE FL 32308-6504**

2. Principal Place of Business

3. Mailing Address

2415 N. Monroe St.

2415 N. Monroe St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1104

#1104

City & State

City & State

Tallahassee, FL.

Tallahassee, FL.

Zip

Country

Zip

Country

32308

USA

32308

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

59-3553818

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, JAMES R
 4502 BRADFORDVILLE RD.
 TALLAHASSEE FL 32308**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	James R. Clark	
STREET ADDRESS	4502 Bradfordville Rd.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Deborah Clark	
STREET ADDRESS	Same Address	
CITY-ST-ZIP	Same	
TITLE	Sec.	<input type="checkbox"/> Delete
NAME	Heather Clark	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE	Treas.	<input type="checkbox"/> Delete
NAME	Jason Clark	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Clark

Date

Daytime Phone #

1/29/00

523-49247

CR05034 1/9/00