

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90074 028 ***150.00

DOCUMENT # **P99000003208**

1. Entity Name

Clark and Company, The Ultimate Salon

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2415 N. Monroe St.

3. Mailing Address

P.O. Box 13744

Suite, Apt. #, etc.

#1104

Suite, Apt. #, etc.

Tallahassee

City & State

Tallahassee, FL

City & State

Fla.

Zip

32308

Country

USA

Zip

32317-3744

Country

USA

4. FEI Number

59-3553878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

James R. Clark

Street Address (P.O. Box Number is Not Acceptable)

4502 Bradfordville Rd.

City

Tallahassee

FL

Zip Code

32309

**DO NOT WRITE
IN THIS SPACE**

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

James R. Clark

4/30/02

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

(NOTE: Registered Agent's 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	Clark, James R. P 4502 Bradfordville Rd. Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clark, Deborah V 4502 Bradfordville Rd. Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Heather C. Willie S 4502 Bradfordville Rd. Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jason Clark T 4502 Bradfordville Rd. Tallahassee, FL 32309
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James R. Clark

-James R. Clark

4/30/02

523-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)