

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

DOCUMENT # **P99000016047**

1. Entity Name

FLUIDMOTION DESIGN COMPANY

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90810 038 ***550.00

DO NOT WRITE IN THIS SPACE

80126613

2. Principal Place of Business

1105 KENSINGTON PK DR
Suite, Apt. #, etc.

3. Mailing Address

1105 KENSINGTON PK DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

4. FEI Number

59-3558247

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

32714

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Jon A. Clark**

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

6232 DOE CIRCLE WEST

City **LAKELAND**

FL

Zip Code

33809

**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

Jon A. Clark

Signature, typed or printed name of registered agent and state 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) ☐

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, Jon A.
6232 DOE CIRCLE W
LAKELAND, FL 33809**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jon A. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/02

407 931-0404

DATE

Telephone (Home)