2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000017536 **DOCUMENT #**

1. Entity Name

CLARK MINDER SERVICE & C



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90215 002 ***150.00

QDANK I	WINDER SERVICE & C	ONSULTING, INC.			
Principal Place of Business 929 MARBLE DR. NAPLES FL 34104		Mailing Addres 929 MARBLE DF NAPLES FL 341	1.		
2. Principal Place of Business		3. Mailing Addr	ess		
Suite, Apt. #, etc.		Suite, Apt. #,	etc.	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State			d For
Zip Country		Zip	Country	39-3360 196 Not Ap	plicable
	6. Name and Address of (5. Certificate of Status Desired	al
	o. Name and Address of C	Jurrent Registered Agent	Namo	7. Name and Address of New Registered Agent	
CLARK, [DAVE	Windows Same	Name		
929 MARI	= :		Street Add	dress (P.O. Box Number is Not Acceptable)	
NAPLES I	FL 34104				
9 The char			City	FL Zip Code	
the obliga	e named entity submits this state mons of registered agent.	ment for the purpose of cha	nging its registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and a	accept
SIGNATURE		_		2-21-03	
•	Signature, typed or printed name of register	red agent and title if applicable.	(NOTE: Registered Agent signature	required when reinstating) DATE	_
`	FILE NOW!!! FEE IS \$150.	00			
Απε Make Chec	r May 1, 2003 Fee will be \$5 k Payable to Florida Departn	50.00 nent of State		9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fo	
10.		S AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	1 1
TITLE NAME	D Clark, dave	☐ De	ete TITLE		Addition
	929 MARBLE DR.		NAME		
CITY-ST-ZIP	NAPLES FL 34104	•	STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Del	ete TITLE	☐ Change ☐	Addition
name Street address			NAME		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
ITLE		☐ Deli	ate TITLE	☐ Change ☐ A	Addition
NAME Street address	بيني ومعاديها ويوادي		-NAME - NAME -	Johnson Line Committee Com	NOOMOII
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
ITLE		☐ Dele	te TITLE	☐ Change ☐ A	Addition
ame Treet address			NAME	_ • •	
ITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TLE		☐ Dele		☐ Change ☐ A	Addition
AME			NAME	L Griange L A	iuui(10]]
TREET ADDRESS TY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TLE		☐ Delei		☐ Change ☐ A	ddition
ME PEET ADDRESS			NAME	LI Cliange LI Ad	ddition
TY-ST-ZIP			STREET ADDRESS		
	ertify that the information and "	during the control	CITY-ST-ZIP		
indicated of	on this report or supplemental reportation or the recover or supplemental reportation or the recover or transportation or tran	u with this filling does not que port is true and accurate and	ality for the exemption stated i If that my signature shall have	in Section 119.07(3)(i), Florida Statutes. I further certify that the informat the same legal effect as if made under oath; that I am an officer or direct 607, Florida Statutes; and that my name appears in Block 10 or Block	tion
changed,	or on an attachment with an addr	er powered to execute this ress, with all other is a empo	report as required by Chapter wered.	r 607, Florida Statutes; and that my name appears in Block 10 or Block	11 if

SIGNATURE:

KEQUIRED NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-03

239-403-3619