

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000022080**

1. Entity Name

**JL-CLARK, INC.****FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90091 048 \*\*\*150.00

Principal Place of Business

Mailing Address

**2741 NE 9TH TERR.  
POMPANO BEACH FL 33064****2741 NE 9TH TERR.  
POMPANO BEACH FL 33064-3323**

2. Principal Place of Business

3. Mailing Address

**405 S. County Rd 21  
Suite, Apt. #, etc.****405 S. County Rd 21  
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City &amp; State

**Hawthorne, FL**

City &amp; State

**Hawthorne, FL**

4. Fee Number

**65-0908214**

Applied For

Not Applicable

Zip

**32640**

Country

**FL**

Zip

**32640**

Country

**FL**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LARK, LORILL  
2741 NE 9TH TERR.  
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

**CLARK, Lori L.  
405 S. County Rd 21  
Hawthorne, FL 32640**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>JOHN J. CLARK</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>President John J. Clark</b>	<b>405 S. CR 21</b>	<b>Hawthorne, FL 32640</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>Vice Pres. Sec. Treas. Lori L. Clark</b>	<b>405 S. CR 21</b>	<b>Hawthorne, FL 32640</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

**Lori L. Clark Vice President**

Date

Daytime Phone #

**4/6/00 (352) 481-6276**

CR2E034 (9/99)