

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90117 042 ***150.00

AU063403

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000031189

1. Entity Name
 C. D. CLARK, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

717 Northlake Bv

Suite, Apt. #, etc.

3. Mailing Address

10115 Riverside Dr

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

65-0906556

Applied For

Not Applicable

Zip

Country

33408

U.S.A.

Zip

Country

33410

U.S.A.

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

Candace Mortimer
 10115 Riverside Dr.
 Palm Beach Gardens, FL 33410

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 0
 Mortimer, Candace
 10115 Riverside Dr.
 Palm Beach Gardens, FL 33410 ☐ Delete

TITLE
 NAME
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☐ Change ☐ Addition

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☐ Change ☐ 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:

Candace Mortimer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

561-848-7505

Daytime Phone #

CR2E034 (11/00)