

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P99000044521

1. Entity Name

CLARK/SPILLIS CANDELA DESIGN/BUILD, INC.



**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90167 011 \*\*\*150.00

Principal Place of Business 3440 HOLLYWOOD BLVD., STE. 300 HOLLYWOOD FL 33021	Mailing Address 3440 HOLLYWOOD BLVD., STE. 300 HOLLYWOOD FL 33021-6929
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORSTER, PETER C 7500 OLD GEORGETOWN RD. BETHESDA MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIETZ, KENNETH R 3440 HOLLYWOOD BLVD., STE. 300 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, SIDNEY J 3917 RIGA BLVD. TAMPA FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard N. Vaswani 7500 Old Georgetown Road Bethesda, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph H. Jarboe 7500 Old Georgetown Road Bethesda, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Joseph H. Jarboe Joseph H. Jarboe, Secretary 4/27/00 (301) 272-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 7999