2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 21, 2000 8:00 am
Secretary of State
05-15-2000 90167 011 ***150.00

DOCUMENT # P99000044521

1. Entity Name

CLARK/SPILLIS CANDELA DESIGN/BUILD, INC.

Principal Place of Business	Mailing Address
3440 HOLLYWOOD BLVD., STE. 300 HOLLYWOOD FL 33021	3440 HOLLYWOOD BLVD., STE. 300 HOLLYWOOD FL 33021-6929

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — [XX] Applied For [ ] Not Applicable

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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			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	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIETZ, KENNETH R 3440 HOLLYWOOD BLVD., STE. 300 HOLLYWOOD FL 33021	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Director	[XX] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDAN, SIDNEY J 3917 RIGA BLVD. TAMPA FL 33619	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Director	[XX] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Richard N. Vaswani 7500 Old Georgetown Road Bethesda, MD 20814	[ ] Change [XX] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Joseph H. Jarboe 7500 Old Georgetown Road Bethesda, MD 20814	[ ] Change [XX] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (9/99)

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 #