

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90282 045 \*\*\*150.00

**DOCUMENT # P99000046600**

1. Entity Name

**CLARK'S CONSTRUCTION SPECIALISTS, INC.**

Principal Place of Business

**718 FOREST HILLS DRIVE  
 BRANDON FL 33510**

Mailing Address

**718 FOREST HILLS DRIVE  
 BRANDON FL 33510**

2. Principal Place of Business

**3531 Wiggins Meadows Ct.**

3. Mailing Address

**3531 Wiggins Meadows Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Plant City FL**

City & State

**Plant City FL**

Zip

**83566**

Country

Zip

**33566**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3574772**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARK, KAREN  
 718 FOREST HILLS DRIVE  
 BRANDON FL 33510**

7. Name and Address of New Registered Agent

Name

**Karen Clark**

Street Address (P.O. Box Number is Not Acceptable)

**3531 Wiggins Meadows Ct.**

City

**Plant City**

FL

Zip Code

**33566**

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 **Karen Clark**

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, 2002 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	PD CLARK, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	718 FOREST HILLS DR.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE NAME	VPD CLARK, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS	718 FOREST HILLS DR.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	Clark, Thomas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3531 Wiggins Meadows Ct.	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE NAME	Clark, Karen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3531 Wiggins Meadows Ct.	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813-7526818**

CH2E034 (9/01)