

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061568

1. Entity Name

MICHAEL C. CLARK ROOFING INC.

Principal Place of Business

2119 S.E. 10TH LN
CAPE CORAL FL 33990

Mailing Address

2119 S.E. 10TH LN
CAPE CORAL FL 33990-1904

2. Principal Place of Business

Same as above

Suite, Apt. #, etc.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Lee

Zip

Country

Lee

4. FEI Number

65-0930564

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, MICHAEL C
2119 S.E. 10TH LN
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

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, 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	D	<input type="checkbox"/> Delete
NAME	CLARK, MADELINE T	
STREET ADDRESS	2119 S.E. 10TH LN	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	AVILLA, MARIA A	
STREET ADDRESS	9065 HAMLIN RD W.	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

Michael C. Clark Madeleine T. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/00

Daytime Phone #

941-573-6000

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90801 005 ***150.00



DO NOT WRITE IN THIS SPACE