## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with

## DOCUMENT # P99000085972 May 30, 2000 8:00 am Secretary of State CHARLES T. CLARK, INC. 05-30-2000 90080 030 \*\*\*550.00 Mailing Address Principal Place of Business 1915 EAST TERRA MAR DRIVE 1915 EAST TERRA MAR DRIVE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-6833 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0950901 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, CHARLES T Street Address (P.O. Box Number is Not Acceptable) 1915 EAST TERRA MAR DRIVE POMPANO BEACH FL 33062 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition D ☐ Delete TITLE NAME NAME CLARK, CHARLES T STREET ADDRESS STREET ADDRESS 1915 EAST TERRA MAR DRIVE CITY-ST-ZIE CITY-ST-ZIP POMPANO BEACH FL 33062 □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change ☐ Addition~ ☐ Delete TITLE" TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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

other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR