

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90257 019 ***150.00

DOCUMENT # S19331

1. Entity Name
JOHN E. CLACK & ASSOCIATES, INC.



Principal Place of Business
**340 VALPARAISO BLVD
VALPARAISO FL 32580**

Mailing Address
**PO BOX 608
VALPARAISO FL 32580**

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 **59-3043799**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLACK, JOHN E.
126 BAYWIND DR
NICEVILLE FL 32578**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CLACK, JOHN E.	
STREET ADDRESS	126 BAYWIND DRIVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLACK, ELAINE G.	
STREET ADDRESS	126 BAYWIND DRIVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLACK, JEFF P.	
STREET ADDRESS	8 HOLLY ROAD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLACK, PATTY W	
STREET ADDRESS	8 HOLLY ROAD	
CITY-ST-ZIP	CRESTVIEW FL 32539-7324	
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"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **JOHN E. CLACK** **21 APR 03** **850-729-0888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)