

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S63552

1. Entity Name

JEFFERSON W. CLARK, JR., P.A.

**FILED**  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90210 043 \*\*\*150.00

Principal Place of Business

Mailing Address

417 CANAL STREET  
SMYRNA BEACH FL 32168

417 CANAL STREET  
NEW SMYRNA BEACH FL 32168-7009

A0006808

2. Principal Place of Business

500 Canal Street

Suite, Apt. #, etc.

3. Mailing Address

500 Canal Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
New Smyrna Beach, FL

Zip  
32168

Country  
USA

City & State  
New Smyrna Beach, FL

Zip  
32168

Country  
USA

4. FEI Number 59-3085401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, JEFFERSON W., JR.  
417 CANAL STREET  
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name  
Jefferson W. Clark, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
500 Canal Street

City New Smyrna Beach FL Zip Code 32168

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

04/26/00

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, JEFFERSON W JR.	
STREET ADDRESS	417 CANAL ST	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jefferson W. Clark, Jr.	
STREET ADDRESS	500 Canal Street	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/00

Date

904-423-6888

Daytime Phone #

CR2E034 (9/99)