

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-08-2000 90210 043 ***150.00

DOCUMENT # S63552

1. Entity Name

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

| | |
|--|---|
| Principal Place of Business 417 CANAL STREET SMYRNA BEACH FL 32168 | Mailing Address 417 CANAL STREET NEW SMYRNA BEACH FL 32168-7009 |
|--|---|

AU056808



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 500 Canal Street Suite, Apt. #, etc. | 3. Mailing Address 500 Canal Street Suite, Apt. #, etc. |
|---|---|

| | | | |
|---|--------------------------------------|--------------------------------|--|
| City & State New Smyrna Beach, FL | City & State New Smyrna Beach, FL | 4. FEI Number 59-3085401 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32168 | Country USA | Zip 32168 | Country USA |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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 | |
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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 *Jefferson W. Clark, Jr.* DATE 04/26/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|--|---|---|-----------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|-----------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------------|---------------------------------|---|--|
| TITLE D | <input type="checkbox"/> Delete | TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CLARK, JEFFERSON W JR. | | NAME Jefferson W. Clark, Jr. | |
| STREET ADDRESS 417 CANAL ST | | STREET ADDRESS 500 Canal Street | |
| CITY-ST-ZIP NEW SMYRNA BCH FL | | CITY-ST-ZIP New Smyrna Beach, FL 32168 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E034 (9/99)

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: *Jefferson W. Clark, Jr.* DATE 04/26/00 904-423-6888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #