

ORIGINAL

020347-TC CK 0561

1. Name of company or name of individual (not fictitious name or d/b/a): \$100.00
SHARON MARIE CLARKE MC

2. Name under which applicant will do business (fictitious name, etc.):

3. Official mailing address:

Street: 1104, BAY DRIVE NORTH,
P.O. Box: _____
City: BRADENTON BEACH
State: FLORIDA Zip: 34217

RECEIVED FPSC
APR 19 PM 4:35
COMMISSION CLERK

4. Florida address:

Street: SAME AS ABOVE
P.O. Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other: _____

DEPOSIT DATE
D206 APR 22 2002

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number: _____

- US _____
- CAF _____
- OMP _____
- COM _____
- CTR _____
- ECR _____
- BCL _____
- JPC _____
- MMS _____
- SEC 1
- OTH _____