

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90064 026 ***150.00

DOCUMENT # 308762**1. Entity Name**
GEORGE F. CLEGG, INC.**Principal Place of Business****ROUTE 1 BOX 197****SR 305****BUNNELL FL 32110****Mailing Address****ROUTE 1 BOX 197****SR 305****BUNNELL FL 32110****2. Principal Place of Business****10920 County Road 305****Suite, Apt. #, etc.****3. Mailing Address****10920 County Road 305****Suite, Apt. #, etc.****City & State****Bunnell, Florida****City & State****Bunnell, Florida****Zip****Country****32110****USA****Zip****Country****32110****USA****4. FEI Number 59-1151514****Applied For****Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****CLEGG, GEORGE F****RT 1 BOX 197****SR 305****BUNNELL FL 32010****7. Name and Address of New Registered Agent****Name****Clegg, George F.****Street Address (P.O. Box Number is Not Acceptable)****10920 County Road 305****City****Bunnell****FL****Zip Code****32110****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**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **PD** ☐ **Delete**
NAME **CLEGG, GEORGE F.**
STREET ADDRESS **RTE 1, BOX 197, S.R.30-5**
CITY-ST-ZIP **BUNNELL FL****TITLE** **STD** ☐ **Delete**
NAME **CLEGG, KATHLEEN A.**
STREET ADDRESS **RTE 1 BOX 197 SR 305**
CITY-ST-ZIP **BUNNELL FL****TITLE** **VD** ☐ **Delete**
NAME **RICE, SUSAN H.**
STREET ADDRESS **698 N. PEACH STREET**
CITY-ST-ZIP **BUNNELL FL****TITLE** ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **10920 County Road 305**
CITY-ST-ZIP **Bunnell, FL 32110****TITLE** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **10920 County Road 305**
CITY-ST-ZIP **Bunnell, FL 32110****TITLE** ☐ **Change** ☐ **Addition**
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NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **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:** *George F. Clegg* **SIGNATURE REQUIRED** **George F. Clegg****04/25/02**

Date

386-437-3648

Daytime Phone #

CR2E034 (9/01)