

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 387477****1. Entity Name**  
**CLAY ELECTRIC SERVICES, INC.****Principal Place of Business**  
**225 WEST WALKER DRIVE**  
**P.O. BOX 308**  
**KEYSTONE HEIGHTS FL 32656****Mailing Address**  
**225 WEST WALKER DRIVE**  
**P.O. BOX 308**  
**KEYSTONE HEIGHTS FL 32656****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **59-1613094**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PHILLIPS, WILLIAM C.**  
**225 W. WALKER DR**  
**KEYSTONE HEIGHTS FL 32656**

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.**

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PD** ☐ Delete  
**NAME** **HASTINGS, ANGUS**  
**STREET ADDRESS** **17188 NE 45TH AVE RD**  
**CITY-ST-ZIP** **FT. MCCOY FL 32134****TITLE** **D** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **VD** ☐ Delete  
**NAME** **GNANN, FLOYD**  
**STREET ADDRESS** **4138 EVERETT AVENUE**  
**CITY-ST-ZIP** **MIDDLEBURG FL 32068****TITLE** **P/D** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **SMITH, CEDRICK M. JR.**  
**STREET ADDRESS** **106 NE 6TH AVENUE**  
**CITY-ST-ZIP** **WILLISTON FL 32696****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **MULLINS, ROBERT S.**  
**STREET ADDRESS** **1702 S. WATERS STREET**  
**CITY-ST-ZIP** **STARKE FL 32091****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **MALPHURS, THOMAS L.**  
**STREET ADDRESS** **17216 NW 262ND AVENUE**  
**CITY-ST-ZIP** **ALACHUA FL 32615****TITLE** **T/D** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **SD** ☐ Delete  
**NAME** **WINGATE, RAYMOND**  
**STREET ADDRESS** **6505 IMMOKALEE RD**  
**CITY-ST-ZIP** **KEYSTONE HEIGHTS FL 32656****TITLE** **V/D** ☒ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(352)473-8000**

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

11. OFFICERS AND DIRECTORS		12. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE		7.1 TITLE	S/D X Change X Addition
7.2 NAME		7.2 NAME	Smith, Kelly R., Jr.
7.3 ADDRESS		7.3 ADDRESS	1526 Hwy 17 North
7.4 CITY-ST-ZIP		7.4 CITY-ST-ZIP	Bostwick, FL 32007
8.1 TITLE		8.1 TITLE	D Change X Addition
8.2 NAME		8.2 NAME	Reeves, Susan S.
8.3 ADDRESS		8.3 ADDRESS	12828 S US Hwy 301
8.4 CITY-ST-ZIP		8.4 CITY-ST-ZIP	Hawthorne, FL 32640
9.1 TITLE		9.1 TITLE	D Change X Addition
9.2 NAME		9.2 NAME	Whitehead, John
9.3 ADDRESS		9.3 ADDRESS	RT. 1 Box 478 N/A
9.4 CITY-ST-ZIP		9.4 CITY-ST-ZIP	Lake Butler, FL 32054
10.1 TITLE		10.1 TITLE	CEO Change X Addition
10.2 NAME		10.2 NAME	Phillips, William C.
10.3 ADDRESS		10.3 ADDRESS	225 W. Walker Dr.
10.4 CITY-ST-ZIP		10.4 CITY-ST-ZIP	Keystone Heights, FL 32656

\*Note the N/A in the address is because no street address is available.

*Attachment*

*#387477  
753381*