2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90077 018 ***558.75

DOCUMENT # 667952

1. Entity Name

CLAY OIL CORPORATION 006

Principal Place of Business	Mailing Address
SLEEP HOLLOW RD O. BOX 8 DOCTOR'S INLET FL 32030	42 SLEEP HOLLOW RD P. O. BOX 8 DOCTOR'S INLET FL 32030-0008

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
42 Sleepy Hollow Road Suite, Apt. #, etc.	P.O. Box. 8 Suite, Apt. #, etc.
City & State: Middleburg, FL.	City & State: Doctors Inlet, FL.
Zip: 32068 Country: USA	Zip: 32030 Country: USA

4. FEI Number 59-1995103 ☐ 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
SMITH HUSLEY, & BUSEY 225 WATER STREET SUITE 1800 JACKSONVILLE FL 32202	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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C,P ASHBY, GEORGE H. JR. 42 SLEEPY HOLLOW ROAD DOCTORS INLET FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/P Ashby, George H. Jr. 42 Sleepy Hollow Road Middleburg, FL. 32068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EYRICK, PETER T. 42 SLEEPY HOLLOW ROAD. DOCTORS INLET FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LaMont, Charles A. 42 Sleepy Hollow Road Middleburg, FL. 32068	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C GAINEY, TONI 42 SLEEPY HOLLOW RD. DOCTORS INLET FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Coogan, Clark 42 Sleepy Hollow Road Middleburg, FL. 32068	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOSCIANSKI, MARILYN 42 SLEEPY HOLLOW RD. DOCTORS INLET FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Alfred, Alicia 42 Sleepy Hollow Road Middleburg, FL. 32068	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

CONTACT: CLARK COOGAN

SIGNATURE George H. Ashby, Jr. 2/1/00 (904) 272-9548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #