

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # 667952**1. Entity Name
CLAY OIL CORPORATIONPrincipal Place of Business
42 SLEEPY HOLLOW RD

MIDDLEBURG FL 32068
Mailing Address
P. O. BOX 8

DOCTOR'S INLET FL 320302. Principal Place of Business
42 SLEEPY HOLLOW RD3. Mailing Address
42 SLEEPY HOLLOW RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIDDLEBURG FLCity & State
MIDDLEBURG FL4. FEI Number
59-1995103
Applied For
Not ApplicableZip Country
32068 USZip Country
32068 US5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SMITH HUSLEY & BUSEY**
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202 US**7. Name and Address of New Registered Agent**Name
BLACKBURN DENNIS L
Street Address (P.O. Box Number is Not Acceptable)
5150 BELFORT ROAD SOUTH
BUILDING 500
City
JACKSONVILLE FL Zip Code
32256

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 **DENNIS L. BLACKBURN****04/26/2001**

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 State10. 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 S ☐ Delete
NAME **ALFRED ALICIA**
STREET ADDRESS **42 SLEEPY HOLLOW RD.**
CITY-ST-ZIP **MIDDLEBURG FL 32068**TITLE S ☒ Change ☐ Addition
NAME **ALFRED ALICIA**
STREET ADDRESS **42 SLEEPY HOLLOW RD.**
CITY-ST-ZIP **MIDDLEBURG FL 32068**TITLE V ☐ Delete
NAME **COOGAN CLARK**
STREET ADDRESS **42 SLEEPY HOLLOW RD.**
CITY-ST-ZIP **MIDDLEBURG FL 32068**TITLE VT ☒ Change ☐ Addition
NAME **HAMRICK RICHARD G**
STREET ADDRESS **42 SLEEPY HOLLOW RD.**
CITY-ST-ZIP **MIDDLEBURG FL 32068**TITLE V ☐ Delete
NAME **LAMONT CHARLES A**
STREET ADDRESS **42 SLEEPY HOLLOW ROAD**
CITY-ST-ZIP **MIDDLEBURG FL 32068**TITLE V ☒ Change ☐ Addition
NAME **LAMONT CHARLES A**
STREET ADDRESS **42 SLEEPY HOLLOW ROAD**
CITY-ST-ZIP **MIDDLEBURG FL 32068**TITLE C P ☐ Delete
NAME **ASHBY, GEORGE H. JR.**
STREET ADDRESS **42 SLEEPY HOLLOW ROAD**
CITY-ST-ZIP **MIDDLEBURG FL 32068**TITLE C P ☒ Change ☐ Addition
NAME **ASHBY, JR. GEORGE H**
STREET ADDRESS **42 SLEEPY HOLLOW ROAD**
CITY-ST-ZIP **MIDDLEBURG FL 32068**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **ALICIA ALFRED**

S

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)