

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90025 028 \*\*\*158.75

**DOCUMENT # H79156**

1. Entity Name

W.E. CLAYTON, INC.

Principal Place of Business

3151 W BEAVER ST  
JACKSONVILLE FL 32254  
US

Mailing Address

961 CARRIE ST  
JACKSONVILLE FL 32254  
US

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 **NOT APPLICABLE**

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

CLAYTON, EMMA B.

961 CARRIE ST  
JACKSONVILLE FL 32209

Name

WILLIE E. CLAYTON

Street Address (P.O. Box Number is Not Acceptable)

961 CARRIE STREET

City  
JACKSONVILLE

FL

Zip Code  
32209

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

01-16-02

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  
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	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	CLAYTON, EMMA B	961 CARRIE ST	JACKSONVILLE FL 32209	<input checked="" type="checkbox"/>	PRESIDENT	WILLIE E. CLAYTON	961 CARRIE STREET	JACKSONVILLE, FLA 32209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD	CLAYTON, G E	961 CARRIE ST	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	CLAYTON, W.E	961 CARRIE ST	JACKSONVILLE FL	<input checked="" type="checkbox"/>	SECRETARY	EMMA B. CLAYTON	961 CARRIE STREET	JACKSONVILLE, FLA 32209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD	WILLIAMS, JOSEPH	961 CARRIE ST	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	CLAYTON, BOBBY	961 CARRIE ST	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-02

Date

Daytime Phone #

CR2E034 (9/01)