

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

06-10-2002 90119 024 \*\*\*\*55.00

DOCUMENT # LO1000004445

1. Entity Name

Clay C. Schuett, LLC

**968821**

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

417 20th Avenue

Suite, Apt. #, etc.

3. Mailing Address

417 20th Avenue

Suite, Apt. #, etc.

City & State

Indian Rocks Beach, FL

City & State

Indian Rocks Beach, FL

4. FEI Number

59-370 4841

Applied For

Not Applicable

Zip

33785

Country

US

Zip

33785

Country

US

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Schuett, Clay C.

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

417 20th Ave

City

Indian Rocks Beach FL

Zip Code

33785

**DO NOT WRITE  
IN THIS SPACE**

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.

6/6/02

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

|                                                |                                                                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>Sole Member / Sole Manager</u><br><u>Schuett, Clay C.</u><br><u>417 20th Ave</u><br><u>Indian Rocks Beach, FL 33785</u> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                            |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Clay C. Schuett

6/6/02 (727) 596-8483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)