2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N47612

FILED Apr 25, 2003 8:00 am Secretary of State

KEEP CLAY BEAUTIFUL, INC.					04-25-2003 90299 004 ****61.25				
3545 ROSEMAI	ee of Business RY HILL RD SPRINGS FL 32043	Mailing Address 3545 ROSEMARY HILL RD GREEN COVE SPRINGS FL	32043			1018 B/(B) 21818 (IN) 01912 B/(B)	16 868 11 8 1881 8 18	D 818 21 1 83 5	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 59-3111012 Applied For Not Applicable				
Zip Country		Zip	Coun	ntry	5. Certificate of Statu	s Desired	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent	Ή		7. Name and Addres	s of New Registered	Agent		
				Name			_		
JOLLEY, TANIA P 3545 S ROSEMARY HILL RD		The state of the s			Street Address (P.O. Box Number is Not Acceptable)				
GREEN C	OVE SPRINGS FL 32043			_		<u> </u>			
			F	City	·	FL	Zip Code		
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered	d office or register	red agent, or both, in the	State of Florida, I am	familiar with,	and accept	
J								ĺ	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered /	Agent signature required	when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund (~ ~	\$5.00 May Be Added to Fees	Make Check Florida Depar			
<u> </u>	OFFICERS AND DI	DEGTORS.			A DEDITIONS (CLIANICES)	TO OFFICERS AND DI	DECTODO (N	10	
TITLE	OFFICERS AND DI	Delete	11.		ADDITIONS/CHANGES	TO OFFICERS AND DI	RECTORS IN	10	
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	3545 ROSEMARY HILL RD		NAME			1/4	☐ Change	☐ Addition {	
CITY-ST-ZIP			NAME STREET	T ADDRESS		3 to res.	☐ Change	☐ Addition	
	GREEN COVE SPGS FL 32043					31.7	☐ Change	☐ Addition }	
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.