

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000005856

1. Entity Name

CLAY NETWORKS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1452 SEMINOLE RD.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State
ATLANTIC BEACH, FL

City & State

Zip
32233

Country
USA

Zip

Country

4. FEI Number

59-3493800

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name PAUL D'ALESSANDRO
Street Address (P.O. Box Number is Not Acceptable)

200 EXECUTIVE WAY

City PONTE VEDRA BCH FL

Zip Code 32082

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE (D) President
NAME ROSEMARY P. JONES
STREET ADDRESS 1452 SEMINOLE ROAD
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE (D) Secretary
NAME THERESSA F. DAVIDSON
STREET ADDRESS 3716 CEDAR CREST
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE (D) Treasurer
NAME WILLIAM PERSICK
STREET ADDRESS 1031 LAWFORD ST. W.
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE
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3. 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 on an attachment with an address, with all other like empowered.

SIGNATURE

ROSEMARY P. JONES

Date

Daytime Phone #

904-246-8172

FILED

**Jun 16, 2002 8:00 am
Secretary of State**

05-17-2002 90043 018 ****61.25

35351

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CR2E034B (12/01)