

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90040 022 ***150.00

DOCUMENT # P00000000279

1. Entity Name
FRANK CLAYCOMB, C.P.A.- P.A.

Principal Place of Business
2235 MONAHAN COURT
FORT WALTON BEACH FL 32547

Mailing Address
POST OFFICE BOX 488
MARY ESTHER FL 32569-0488

2. Principal Place of Business
471 SANDMORE SHORES DRIVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
MARY ESTHER FL

City & State

4. FEI Number **59-3613598**

Applied For
Not Applicable

Zip **32569** **Country** **U.S.A.**

Zip **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLAYCOMB, FRANK CPA
2235 MONAHAN COURT
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
471 Sandmore Shores Drive
City **MARY ESTHER** **FL** **Zip Code** **32569**

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 *Frank Claycomb, CPA*
Frank CLAYCOMB, CPA - PRESIDENT

DATE *1/7/2002*

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **DP** ☒ **Delete**
NAME **CLAYCOMB, FRANK R**
STREET ADDRESS **2235 MONAHAN COURT**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **DST** ☒ **Delete**
NAME **CLAYCOMB, JUNE F**
STREET ADDRESS **2235 MONAHAN COURT**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☒ **Delete**
NAME **CLAYCOMB, FRANK R, JR, C.P.A.**
STREET ADDRESS **471 Sandmore Shores Drive**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ **Change** ☒ **Addition**
NAME **CLAYCOMB, FRANK R, JR, C.P.A.**
STREET ADDRESS **471 Sandmore Shores Drive**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE **Director** ☒ **Change** ☐ **Addition**
NAME **CLAYCOMB, JUNE F**
STREET ADDRESS **471 Sandmore Shores Drive**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **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: *Frank R. Claycomb, Jr. CPA*
Frank R. CLAYCOMB, JR, CPA

DATE *1/7/2002* **Daytime Phone #** *(850) 862-7969*

CR2E034 (9/01)