

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-04-2002 90024 004 ***150.00

DOCUMENT # P00000090929

1. Entity Name

CLAYTON DISPOSAL FACILITY, INC.

Principal Place of Business

**3489 SEDONA LOOP
TALLAHASSEE FL 32308**

Mailing Address

**3489 SEDONA LOOP
TALLAHASSEE FL 32308**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 1015-

Quincy, FL

32353-1015

Gadsden

4. FEI Number

59-3675777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GLOVER, RICHARD A
2375 CENTERVILLE RD
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **TRAVIS L. CLAYTON**

Street Address (P.O. Box Number is Not Acceptable) **3431 Shady Rest Rd.**

City **HAVANA**

FL

Zip **32333**

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 re-registering)

DATE

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

TITLE **DVP** ☐ Delete
NAME **CLAYTON, TRAVIS L**
STREET ADDRESS **3431 SHADY REST**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE **D** ☐ Delete
NAME **CLAYTON, BEN L III**
STREET ADDRESS **3489 SEDONA LOOP**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **2VP** ☐ Delete
NAME **CLAYTON, BARBARA**
STREET ADDRESS **3489 SEDONA LOOP**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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 **Dennis Rogers**
STREET ADDRESS **626 Langston Lane**
CITY-ST-ZIP **HAVANA, FL 32333**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/2 (\$50) 878-2848

CR2E034 (9/01)