

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006368  
AV

DOCUMENT # P00000090929

1. Entity Name  
CLAYTON ENVIRONMENTAL SERVICES, INC.



FILED

03 SEP 10 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3489 SEDONA LOOP  
TALLAHASSEE FL 32308

Mailing Address  
3489 SEDONA LOOP  
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3675777

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLAYTON, TRAVIS L  
3431 SHADY REST ROAD  
HAVANA FL 32333

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE V.P. & SEC. TREASURER  
NAME CLAYTON, TRAVIS L  
STREET ADDRESS 3401 SHADY REST ROAD  
CITY-ST-ZIP HAVANA FL 32333 ☒ Change ☐ Addition

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

TITLE P  
NAME CLAYTON, BEN L III  
STREET ADDRESS 3489 SEDONA LOOP  
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700023388077  
09/29/03--01023--014 \*\*550.00 ☐ Change ☐ Addition

TITLE D  
NAME ROGERS, DENNIS  
STREET ADDRESS 626 LANGSTON LANE  
CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

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

TITLE D  
NAME CLAYTON, LORI D  
STREET ADDRESS 568 TEAL LANE  
CITY-ST-ZIP TALLAHASSEE FL 32305 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 607, 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/3 (850) 878-2848

Date

Daytime Phone #

CR2E034 (4/03)