

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90030 015 \*\*\*150.00

**DOCUMENT # P01000081418**

1. Entity Name

**LAW OFFICE OF CONNIE RENEE CLAY, P.A.**

Principal Place of Business

**122 N. JEFFERSON ST.  
 JACKSONVILLE FL 32204**

Mailing Address

**122 N. JEFFERSON ST.  
 JACKSONVILLE FL 32204**

2. Principal Place of Business

**603 N. Market St.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 26459**

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32202**

Country

**Duval**

Zip

**32226**

Country

**Duval**

4. FEI Number

**58-2643452**

Applied For

**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CLAY, CONNIE RENEE  
 122 N. JEFFERSON ST.  
 JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name

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

**603 N. Market Street**

City

**Jacksonville**

**FL**

Zip Code

**32202**

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) ☐

**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          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>CLAY, CONNIE RENEE</b>    |                                 |
| STREET ADDRESS | <b>122 N. JEFFERSON ST.</b>  |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32204</b> |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          |                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>603 N. Market Street</b>  |  |
| STREET ADDRESS | <b>Jacksonville FL 32202</b> |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Connie Renee Clay*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/02**

Date

**(904) 598-5050**

Daytime Phone #

CP2E034 (9/01)