

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90040 009 ***150.00

0033497 AV

DOCUMENT # P01000081418

1. Entity Name

LAW OFFICE OF CONNIE RENEE CLAY, P.A.



Principal Place of Business

~~600 N. MARKET ST.~~ **530 N. Washington St.**
JACKSONVILLE FL 32202

Mailing Address

P.O. BOX 26459
JACKSONVILLE FL 32226

2. Principal Place of Business

530 N. Washington St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip **32202**

Country **USA**

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☒ CHECK HERE IF MAKING CHANGES

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
~~600 N. MARKET STREET~~
JACKSONVILLE FL 32202

Name

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

530 N. Washington St.

City

Jacksonville

FL

Zip Code

32202

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	CLAY, CONNIE RENEE	
STREET ADDRESS	600 N. MARKET STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	530 N. Washington St.	
STREET ADDRESS	Jacksonville, FL 32202	
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		

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:

CORRECTION REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

(904) 598-5050

Date

Daytime Phone #

CR2E034 (10/02)