

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90350 022 \*\*\*550.00

**DOCUMENT # P01000094015**

1. Entity Name  
**CLAYING AROUND, INC.** ✓

Principal Place of Business <b>653 WOOD ST          DUNEDIN FL 34698</b>	Mailing Address <b>653 WOOD ST          DUNEDIN FL 34698</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>31-1801021</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**WINTERMEIR, HOLLY L  
 653 WOOD ST  
 DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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>PRESIDENT</b> <input type="checkbox"/> Delete	NAME <b>SUSAN W. HOLCOMBE</b>
STREET ADDRESS <b>2443 MINEOLA DRIVE NORTH</b>	CITY-ST-ZIP <b>BELLEAIR BLUFFS, FLORIDA 33770</b>
TITLE <b>VICE PRESIDENT</b> <input type="checkbox"/> Delete	NAME <b>HOLLY L. WINTERMEIER</b>
STREET ADDRESS <b>653 WOOD STREET</b>	CITY-ST-ZIP <b>DUNEDIN, FLORIDA 34698</b>
TITLE <b>SECRETARY</b> <input type="checkbox"/> Delete	NAME <b>CYRIL P. HOLCOMBE</b>
STREET ADDRESS <b>2443 MINEOLA DR. N.</b>	CITY-ST-ZIP <b>BELLEAIR BLUFFS, FL 33770</b>
TITLE <b>TREASURER</b> <input type="checkbox"/> Delete	NAME <b>JOHN C. WINTERMEIER</b>
STREET ADDRESS <b>653 WOOD STREET</b>	CITY-ST-ZIP <b>DUNEDIN, FLORIDA 34698</b>
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 <b>SECRETARY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>CYRIL P. HOLCOMBE</b>
STREET ADDRESS <b>2443 MINEOLA DRIVE NORTH</b>	CITY-ST-ZIP <b>BELLEAIR BLUFFS, FLORIDA 33770</b>
TITLE <b>TREASURER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>JOHN C. WINTERMEIER</b>
STREET ADDRESS <b>653 WOOD STREET</b>	CITY-ST-ZIP <b>DUNEDIN, FLORIDA 34698</b>
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: Susan W. Holcombe Susan W. Holcombe 1/28/02 727-588-2334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)