

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90366 026 \*\*\*150.00

DOCUMENT # P02000051011

1. Entity Name  
JAMES W. CLAYTON, INC.



Principal Place of Business  
1239 OCEAN SHORE BLVD STE 2C3  
ORMOND BEACH FL 32176

Mailing Address  
1239 OCEAN SHORE BLVD STE 2C3  
ORMOND BEACH FL 32176

55040470



2. Principal Place of Business  
1239 Ocean Shore Blvd  
ORMOND BEACH  
Suite, Apt. #, etc.  
2C3

3. Mailing Address  
1239 Ocean Shore Blvd  
Suite, Apt. #, etc.  
2C3

City & State  
Ormond Beach

City & State  
Ormond Beach

4. FEI Number

☒ Applied For  
Not Applicable

Zip  
32176

Country  
Volusia

Zip  
32176

Country  
Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLAYTON, JAMES W  
1239 OCEAN SHORE BLVD STE 2C3  
ORMOND BEACH FL 32176

Name  
James W. Clayton  
Street Address (P.O. Box Number is Not Acceptable)  
1239 Ocean Shore Blvd 2C3  
City Ormond Beach FL Zip Code 32176

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CLAYTON, JAMES M  
1239 OCEAN SHORE BLVD STE 2C3  
ORMOND BEACH FL 32176 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CLAYTON, LINDA  
1239 OCEAN SHORE BLVD STE 2C3  
ORMOND BEACH FL 32176 ☐ 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

TITLE  
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☐ Change ☐ Addition

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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:

*James W. Clayton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3-29-03

3864410807

Date

Daytime Phone #

CP2E034 (10/02)