

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90239 025 ***150.00

0670487 AB

DOCUMENT # P10564

1. Entity Name
CLAYTON MANUFACTURING COMPANY



Principal Place of Business
**4213 N. TEMPLE CITY BLVD.
EL MONTE CA 91731-1091**

Mailing Address
**PO BOX 5530
EL MONTE CA 91734-1530**

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 **95-3480714**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**COB
CLAYTON, WILLIAM, JR.
4213 N. TEMPLE CITY BLVD.
EL MONTE CA 91731** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
CLUER, ALLEN
4213 N. TEMPLE CITY BLVD.
EL MONTE CA 91731** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VT
BOYD, CALVIN
4213 N. TEMPLE CITY BLVD.
EL MONTE CA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CLAYTON, JOHN S
4213 N TEMPLE CITY BV
EL MONTE CA 91731** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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☐ 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

4/24/03

626-443-9381

Date

Daytime Phone #

CR2E034 (10/02)