

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056346

1. Entity Name
CLAYTON & BZOCHE, INC.

Principal Place of Business
5341 SW 91ST TERR
STE A
GAINESVILLE FL 32608
US

Mailing Address

5341 SW 91ST TERR
STE A
GAINESVILLE FL 32608
US

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

59-3257214

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, JAMES E
325 NW 30TH ST
GAINESVILLE FL 32608

Name

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

City

FL Zip Code

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.

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

DP Delete
CLAYTON, JAMES E JR
325 NW 30TH ST
GAINESVILLE FL 32607

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVST Delete
BZOCK, KEVIN J.
5502 SW 88TH CT
GAINESVILLE FL

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete
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STREET ADDRESS
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Change Addition
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CITY-ST-ZIP

Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
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 807, 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Clayton

Date

Daytime Phone #

4-22-02

CR2E034 (9/01)