

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072601

1. Entity Name

RHONDA S. CLYATT, CHARTERED

P

Principal Place of Business

621 E. 4TH STREET
PANAMA CITY FL 32401

Mailing Address

P.O. BOX 2492
PANAMA CITY FL 32402

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

59-3275425

Applied For

Not Applicable

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

CLYATT, RHONDA S
621 E. 4TH STREET
PANAMA CITY FL 32401

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CLYATT, RHONDA S
621 E. 4TH STREET
PANAMA CITY FL 32401 ☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

(850) 872-1031

Date

Daytime Phone #

CR2E034 (5/00)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90041 001 ***150.00

09-15-2000 90041 002 *****8.75



DO NOT WRITE IN THIS SPACE

DOC # P94000072601
20812

Law Offices of
RHONDA S. CLYATT, Chartered

Counselor & Attorney at Law
621 East Fourth Street
Post Office Box 2492
Panama City, Florida 32402-2492

General Trial & Appellate Practice
Marital & Family Law

Telephone: (850) 872-1031
Telecopier: (850) 872-1495
E-mail: RClyatt@Juno.Com

September 13, 2000

Department of State
Division of Corporations
Uniform Business Report Filing
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Rhonda S. Clyatt, Chartered, Document #P94000072601

Déar Madam/Sir:

Please find enclosed our checks in the amounts of \$150.00 and \$8.75 for the above referenced account. On June 2, 2000 we mailed our check in the amount of \$150.00 for this account. Per my telephone conversation with Kristen today's date, that check was received but the filing form was not attached. Kristen stated that the \$150.00 check was returned to our office. We have not received the returned check or the notice that she stated was sent to us in July. This check has not cleared the bank

Please credit our account paid in full and mail a Certificate of Status to us in the prepaid envelope provided.

Thank you for your consideration in this matter. If you have any questions, please contact our office.

Very truly yours,



Charlotte A. Medley, Legal Assistant to
Rhonda S. Clyatt

Enclosures

RHONDA S. CLYATT
ATTORNEY AT LAW
P.O. BOX 2492
621 E. 4TH ST.
PANAMA CITY, FL 32401-2492

LOC # P94000072601
PEOPLES
PANAMA CITY, FL 32405
63-9022/2632
20812
10070

6/2/2000

PAY TO THE
ORDER OF Department of State

\$ **150.00

One Hundred Fifty and 00/100*****

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

DOLLARS
Security features
included.
Details on back.

MEMO

Charlotte A. Medley

⑈010070⑈ ⑆263290220⑆ ⑆600000556062⑈

RHONDA S. CLYATT / ATTORNEY AT LAW

10070

Department of State

6/2/2000

150.00

General

150.00

RHONDA S. CLYATT / ATTORNEY AT LAW

10070

Department of State

6/2/2000

150.00

850/487-6059
Per Kristen 9-13-00
This check was received
with no report attached
they returned ck to us.
we will only owe 150.00
if past marked new check
today @

General

150.00