

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90849 006 \*\*\*150.00

**DOCUMENT # P95000079335**

1. Entity Name  
**MARK CLAYTON CUSTOM HOMES, INC.**



Principal Place of Business  
**613 WYMORE ROAD  
WINTER PARK FL 32789**

Mailing Address  
**613 WYMORE ROAD  
WINTER PARK FL 32789**

**10060000**



2. Principal Place of Business

3. Mailing Address

**4326 PIERMONT CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**ORLANDO, FL**

4. FEI Number

**59-3341304**

Applied For

Not Applicable

Zip

Country

Zip

**32817**

Country

**USA**

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, MARK  
5350 DIPLOMAT CIR  
ORLANDO FL 32810**

Name **MARK CLAYTON**

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

**4326 PIERMONT CT.**

City

**ORLANDO**

**FL**

Zip Code

**32817**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLAYTON, MARK 5350 DIPLOMAT CIR SUITE 101 ORLANDO FL 32810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4326 PIERMONT CT ORLANDO FL 32817</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

**1/13/03 407-4669232**

Date

Daytime Phone #

CR2E034 (10/02)