

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040497

1. Entity Name

CLAYTON CONCRETE, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90353 011 ***150.00

Principal Place of Business

5352 SANDBAR
PORT SAINT JOE FL 32456

Mailing Address

5352 SANDBAR
PORT SAINT JOE FL 32456

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 **59-3388300**

Applied For:

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, WILLIAM G
5352 SANDBAR DRIVE
PORT SAINT JOE FL 32456

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CLAYTON, WILLIAM G	
STREET ADDRESS	5352 SANDBAR DRIVE	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLAYTON, E LAMAR	
STREET ADDRESS	16 APALACHEE STREET	
CITY-ST-ZIP	APALACHICOLA FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, JACOB	
STREET ADDRESS	5352 SANDBAR DR	
CITY-ST-ZIP	PORT ST JOE FL 32452	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Tommy Thomas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William G. Clayton	
STREET ADDRESS	5352 Sandbar Dr	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Clayton

04/22/01

Date

850-229-6505

Daytime Phone #

CR2E034 (10/00)