

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91279 004 ***150.00

DOCUMENT # P96000040497

1. Entity Name
CLAYTON CONCRETE, INC.



Principal Place of Business
**106 CABELL DR.
PORT SAINT JOE FL 32456**

Mailing Address
**106 CABELL DR.
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**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

address change only

Name
Street Address (PO Box Number is Not Acceptable)
106 Cabell Drive
City **Port St. Joe, FL** Zip Code **32456**

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

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 checked="" type="checkbox"/> Delete
NAME	CLAYTON, E LAMAR	
STREET ADDRESS	16 APALACHEE STREET	
CITY-ST-ZIP	APALACHICOLA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PHILLIPS, MARK	
STREET ADDRESS	P O BOX 5006	
CITY-ST-ZIP	WHITE CITY FL 32465	
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		

TITLE	(same)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	106 Cabell Drive	
CITY-ST-ZIP	(same)	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacob Roberts	
STREET ADDRESS	92 AVE E, Apt 7	
CITY-ST-ZIP	Apalachicola, FL 32320	
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		

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:

William G. Clayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4/24/03** Daytime Phone # **850 653-7352**

CR2E034 (10/02)