

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069022

1. Entity Name
CLAYBROOKE & ASSOCIATES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90010 041 ***150.00

Principal Place of Business
110 S. HOOVER BLVD
SUITE 203
TAMPA FL 33609
US

Mailing Address
110 S. HOOVER BLVD
SUITE 203
TAMPA FL 33609
US

040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5130 Eisenhower Blvd
Suite, Apt. #, etc.
Suite 300-A

3. Mailing Address
5130 Eisenhower Blvd
Suite, Apt. #, etc.
Suite 300-A

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number -593409252-
56-2165109
Applied For
Not Applicable

Zip
33634
Country
USA

Zip
33634
Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CLAYBROOKE, TRACEY M
110 S. HOOVER BLVD
SUITE 203
TAMPA FL 33609

7. Name and Address of New Registered Agent
Name Tracey Claybrooke-Friend
Street Address (P.O. Box Number is Not Acceptable)
5130 Eisenhower Blvd
Suite 300-A
City Tampa FL Zip Code 33634

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 (same person)
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYBROOKE, TRACEY M		NAME		
STREET ADDRESS	110 S. HOOVER BLVD #203		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Curt Witte	
STREET ADDRESS			STREET ADDRESS	Peopleclick, Inc, Two Hannover Sq 7th Floor	
CITY-ST-ZIP			CITY-ST-ZIP	Raleigh NC 27601	
TITLE		<input type="checkbox"/> Delete	TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kay Burgess	
STREET ADDRESS			STREET ADDRESS	Peopleclick, Inc, Two Hannover Sq 7th Floor	
CITY-ST-ZIP			CITY-ST-ZIP	Raleigh NC 27601	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Kay Burgess - CFO* 4-30-01 919-645-2890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)