## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 21, 2001 8:00 am Secretary of State DOCUMENT # P96000071808 CHONG A. CLAYTON, INC. 02-21-2001 90016 010 \*\*\*150.00 Principal Place of Business Mailing Address 2247 BEE RIDGE ROAD 2247 BEE RIDGE ROAD SARASOTA FL 32439 SARASOTA FL 32439 2. Principal Place of Business 3. Mailing Address 12 Man Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-3398249 eand Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLAYTON, ROBERT Y Box Number is Not Accepta 342 LARBOARD WAY **CLEARWATER FL 33767** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE Delete TITLE CLAYTON, CHONG A NAME NAME 342 LARBOARD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 33767 CITY-ST-ZIP VSTD ☐ Addition Delete TITLE TITLE CLAYTON, ROBERT Y NAME NAME 342 LARBOARD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33767** CITY-ST-ZIP TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 or Block 12 if the production 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 or Block 12 if the production of the receiver of the production of the receiver of the production of the production of the receiver of the production of the production of the receiver of the production of the receiver of the production of the pr

STREET ADDRESS

CITY-ST-ZIP

NAME

**SIGNATURE:** 

STREET ADDRESS

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2/14/01 9/1-770-849