

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90356 006 ***150.00

DOCUMENT # P96000071808

1. Entity Name

CHONG A. CLAYTON, INC.

Principal Place of Business

**2247 BEE RIDGE ROAD
 SARASOTA FL 32439**

Mailing Address

**112 MARINA DEL RAY CT
 CLEARWATER FL 33767**

2. Principal Place of Business

3. Mailing Address

1650 Pine Tree Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#102

City & State

City & State

Sarasota FL

Zip

Country

USA

Zip

34236

Country

4. FEI Number

59-3398249

Applied For

Not Applicable

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, ROBERT Y
 112 MARINA DEL RAY CT
 CLEARWATER FL 33767**

Name

Clayton Chong A

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

1650 Pine Tree Lane #102

City

Sarasota

FL

Zip Code

34236

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

Chong Clayton

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

(NOTE: Registered Agent signature required when reinstating)

4/20/02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	CLAYTON, CHONG A	
STREET ADDRESS	112 MARINA DEL RAY CT	
CITY-ST-ZIP	SARASOTA FL 33767	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	CLAYTON, ROBERT Y	
STREET ADDRESS	112 MARINA DEL RAY CT	
CITY-ST-ZIP	CLEARWATER FL 33767	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clayton, Chong A	
STREET ADDRESS	1650 Pine Tree Lane #102	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	VSTU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clayton, Robert Y	
STREET ADDRESS	1650 Pine Tree Lane #102	
CITY-ST-ZIP	Sarasota, FL 34236	
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		
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:

Chong Clayton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chong A Clayton

Date

4/20/02

Daytime Phone #

941-924-8787

CR2E034 (9/01)