

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90525 001 \*\*\*317.50

0176064 AV

**DOCUMENT # P97000011437**

**1. Entity Name**  
**L.T. CLAYTON AND BROTHERS ENTERPRISES, INC.**



**Principal Place of Business**  
**1615 N.W. 1ST AVENUE**  
**FLORIDA CITY FL 33034**

**Mailing Address**  
**1615 N.W. 1ST AVENUE**  
**FLORIDA CITY FL 33034**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0721977**

☐ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

**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, LOVEY**  
**1615 N.W. 1ST AVENUE**  
**FLORIDA CITY FL 33034**

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. 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** **PSD** ☐ Delete  
**NAME** **CLAYTON, LOVEY**  
**STREET ADDRESS** **1615 N.W. 1ST AVENUE,**  
**CITY-ST-ZIP** **FLORIDA CITY FL 33034**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VD** ☐ Delete  
**NAME** **CLAYTON, DAVID**  
**STREET ADDRESS** **1615 N.W. 1ST AVENUE**  
**CITY-ST-ZIP** **FLORIDA CITY FL 33034**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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**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:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03 (305) 248-2532**  
Date Daytime Phone #

CR2E034 (10/02)