

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017276

1. Entity Name

ROBERT Y. CLAYTON INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90175 030 ***150.00

Principal Place of Business

332 HAMDEN DRIVE
CLEARWATER FL 33767

Mailing Address

332 HAMDEN DRIVE
CLEARWATER FL 33767-2448

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

342 LARBOARD WAY

Suite, Apt. #, etc.

City & State

CLEARWATER FL

Zip

Country

Zip

33767

Country

4. FEI Number

59-3398249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CLAYTON, ROBERT Y
342 CARBOUND WAY
CLEARWATER FL 34630

7. Name and Address of New Registered Agent

Name

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

342 LARBOARD WAY

City

CLEARWATER

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/00

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, 2000 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

TITLE P
NAME CLAYTON, ROBERT Y
STREET ADDRESS 342 CARBOUND WAY
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE VP
NAME CLAYTON, CHONG A
STREET ADDRESS 342 CARBOUND WAY
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 342 LARBOARD WAY
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 342 LARBOARD WAY
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00

Date

727-446-2437

Daytime Phone #