

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90016 008 ***150.00

DOCUMENT # P97000017276

1. Entity Name
ROBERT Y. CLAYTON INC.

Principal Place of Business

**332 HANDEN DRIVE
 CLEARWATER FL 33767**

Mailing Address

**342 LARBOUND WAY
 CLEARWATER FL 33767**

60043343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**13141 McGowan Blvd
 Clearwater FL 33767**

3. Mailing Address

**112 Marina Del Rey Ct
 Clearwater FL 33767**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

Country

33767 LEE

Zip

Country

33767 Pinellas

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
 342 LARBOUND WAY
 CLEARWATER FL 34630**

Name

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

112 Marina Del Rey Ct

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/01

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	P	<input type="checkbox"/> Delete
NAME	CLAYTON, ROBERT Y	
STREET ADDRESS	342 LARBOUND WAY	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLAYTON, CHONG A	
STREET ADDRESS	342 LARBOUND WAY	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Y Clayton	
STREET ADDRESS	112 Marina Del Rey Ct	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chong A Clayton	
STREET ADDRESS	112 Marina Del Rey Ct	
CITY-ST-ZIP	Clearwater, FL 33767	
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Y Clayton 2/14/01 941-770-0497

CR2E034 (10/00)