

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027581

1. Entity Name

CLAYCOMB ENTERPRISES, INC.

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90039 046 ***150.00

Principal Place of Business

Mailing Address

US 19 NORTH. #130

2435 US 19 NORTH. #130

HOLIDAY FL 34691

610
HOLIDAY FL 34691-3900

2. Principal Place of Business

3. Mailing Address

321 A S.E. Blvd. N

P.O. Box 152143

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg FL

City & State
Tampa, FL 33684

Zip

Country

Zip

Country

33102

USA

33684

USA

4. FEI Number

59-3435154

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

CLAYCOMB, PATRICIA
6029 LAKESIDE DRIVE
LUTZ FL 33549

Name

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

1719 Beachway Lane

City Odessa

FL

Zip Code

33556

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

Patricia Claycomb

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

(NOTE: Registered Agent signature required when reinstating)

4/25/00

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CLAYCOMB, PATRICIA
STREET ADDRESS 2435 US 19 NORTH
CITY-ST-ZIP HOLIDAY FL 34691

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STREET ADDRESS 1719 Beachway Lane
CITY-ST-ZIP Odessa, FL 33556

☒ Change ☐ Addition

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Claycomb

PATRICIA CLAYCOMB

4/2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/99)