

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

5/5/

05-05-2003 91791 013 ***150.00

DOCUMENT # P98000009608

1. Entity Name

GENE CLAXTON CUSTOM HOMES, INC.



Principal Place of Business

3821 ELDRIDGE AVE
ORANGE PARK FL 32073

Mailing Address

3821 ELDRIDGE AVE
ORANGE PARK FL 32073

2. Principal Place of Business

4140 Eldridge Ave.
Suite, Apt. #, etc.

3. Mailing Address

4140 Eldridge Ave.
Suite, Apt. #, etc.

City & State

ORANGE PARK, FL
Zip Country
32073 US

City & State

ORANGE PARK FL
Zip Country
32073 US

4. FEI Number

59-3490916

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CLAXTON, EUGENE
3821 ELDRIDGE AVENUE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name: ANGELA CLAXTON
Street Address (P.O. Box Number is Not Acceptable): 4140 Eldridge Ave.
City: ORANGE PARK FL Zip Code: 32073

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: Eugene Claxton Angela Claxton
Signature of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 6/4/03

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

TITLE: PD
NAME: CLAXTON, EUGENE
STREET ADDRESS: 3821 ELDRIDGE AVE
CITY-ST-ZIP: ORANGE PARK FL 32073 ☐ Delete

TITLE: VD
NAME: RIO, ANGELA C
STREET ADDRESS: 3821 ELDRIDGE AVE
CITY-ST-ZIP: ORANGE PARK FL 32073 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: VD
NAME: CLAXTON, EUGENE
STREET ADDRESS: 3821 Eldridge Ave.
CITY-ST-ZIP: ORANGE PARK, FL 32073 ☒ Change ☐ Addition

TITLE: PD
NAME: CLAXTON, ANGELA
STREET ADDRESS: 4140 Eldridge Ave.
CITY-ST-ZIP: ORANGE PARK, FL 32073 ☒ Change ☐ Addition

TITLE: S
NAME: JUDSON CUTTS
STREET ADDRESS: 2227 Eagles Nest Rd.
CITY-ST-ZIP: JACKSONVILLE, FL 32246 ☒ 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

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: Eugene Claxton Angela Claxton
Signature and typed or printed name of signing officer or director DATE: 6/4/03 Daytime Phone #

CR2E034 (10/02)