

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P98000017497*

1. Entity Name

CLAY FAVELL ENTERPRISES, INC.

Principal Place of Business

*C. Favell
10796 Del Prado Dr East
Largo, FL 33774*

Mailing Address

*C. Favell
10796 Del Prado Dr East
Largo, FL 33774*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

*C. Favell
10796 Del Prado Dr East
Largo, FL 33774*

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE *DPS*
NAME *C. Favell*
STREET ADDRESS *10796 Del Prado Dr East*
CITY-ST-ZIP *Largo, FL 33774*

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *Clay H Favell Jr* *CLAY H. FAVELL JR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2001 *727-513-2609*

Date Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91120 046 ***150.00

C0058453

DO NOT WRITE IN THIS SPACE

4. FEI Number *59-3493831* Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (11/00)