

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90093 041 \*\*\*150.00

**DOCUMENT # P99000019885**

1. Entity Name

**CLAY PUMP & WELL DRILLING INC.**

Principal Place of Business

Mailing Address

1003 IDLEWILD AVE.  
GREEN COVE SPRINGS FL 32043

1003 IDLEWILD AVE.  
GREEN COVE SPRINGS FL 32043-3901

2. Principal Place of Business

4927 HWY 17 South

3. Mailing Address

4927 HWY 17 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Green Cove Springs FLA

City & State

Green Cove Springs FLA

4. FEI Number

59-3566364

Applied For

Not Applicable

Zip

Country

32043

US

Zip

Country

32043

US

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

**ROGERS, GENE L JR**  
1003 IDLEWILD AVE.  
GREEN COVE SPRINGS FL 32043

Name  
**Rogers, Gene L JR**  
Street Address (P.O. Box Number is Not Acceptable)  
4927 HWY 17 South

City  
**Green Cove Springs FL** Zip Code  
**32043**

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 *Gene L Rogers Jr. v.p.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **OWEN, MICHAEL W**  
STREET ADDRESS **6155 HWY 17 S.**  
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

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

TITLE **D** ☐ Delete  
NAME **ROGERS, GENE L JR**  
STREET ADDRESS **1539 PETERS CREEK RD.**  
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **O/Treasure**  
STREET ADDRESS **Deel, Jamie J**  
CITY-ST-ZIP **433 Olive Cr. Green Cove Spr. FL, 32043**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE: *Michael W Owen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REQUIRED**

*Michael W Owen Pres.*

Date

Daytime Phone #

3-17-00

904-284-4794

CR2E034 (9/99)