

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90182 007 ***150.00

DOCUMENT # P99000029377

1. Entity Name

CLAY ARCHITECTURAL SUPPLY, INC.

Principal Place of Business

**255 LAWRENCE BLVD
 KEYSTONE HEIGHTS FL 32656**

Mailing Address

**255 LAWRENCE BLVD
 KEYSTONE HEIGHTS FL 32656**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3567489**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ETHERIDGE, CHARLES D
 80 FAIRWAY DR.
 KEYSTONE HEIGHTS FL 32656**

7. Name and Address of New Registered Agent

Name **CHARLES D. ETHERIDGE**

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

777 SE 50th ST

City **Keystone Heights**

FL

Zip Code **32656**

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

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

**CHARLES ETHERIDGE
 SECRETARY, TREASURER**

3-10-01

(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	P	<input type="checkbox"/> Delete
NAME	ETHERIDGE, CHARLES D	
STREET ADDRESS	80 SW FAIRWAY DR	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	ETHERIDGE, DEBORAH	
STREET ADDRESS	86 SW FAIRWAY DRIVE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES D. ETHERIDGE	
STREET ADDRESS	777 SE 50th ST.	
CITY-ST-ZIP	KEYSTONE Heights, FL 32656	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH ETHERIDGE	
STREET ADDRESS	777 SE 50th ST.	
CITY-ST-ZIP	KEYSTONE Heights, FL 32656	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICE LYNN GOETZMAN	
STREET ADDRESS	6606 IMMOKALEE RD.	
CITY-ST-ZIP	KEYSTONE Heights FL 32656	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Fredrick Goetzman	
STREET ADDRESS	6606 IMMOKALEE RD.	
CITY-ST-ZIP	KEYSTONE Heights, FL 32656	
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:

Charles D. Etheridge
 Signature and typed or printed name of signing officer or director

**CHARLES ETHERIDGE
 SECRETARY, TREASURER**

3-10-01

352 473646

Date

Daytime Phone #

CR2E034 (10/00)

0607707