

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90186 042 ***150.00

DOCUMENT # P99000051245

1. Entity Name
CLAY GALLERY, INC.

Principal Place of Business

**3890 TURTLE CREEK DR. #B-1
 PORT ORANGE FL 32127**

Mailing Address

**3890 TURTLE CREEK DR. #B-1
 PORT ORANGE FL 32127**

2. Principal Place of Business

3. Mailing Address

302 S. Riverside Dr. 302 S. Riverside Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

Zip

32168

Country

USA

Zip

32168

Country

USA

4. FEI Number

59-3584088

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRIEBIS, DANIEL S
 3890 TURTLE CREEK DR, #B-1
 PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name **Charles L. Belote & Assoc.**
 Street Address (P.O. Box Number is Not Acceptable) **350 N. Causeway**
 City **New Smyrna Beach** **FL** Zip Code **32169**

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/6/02
 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, 2002 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	D	<input type="checkbox"/> Delete
NAME	BOWEN, TERESA	
STREET ADDRESS	302 S RIVERSIDE DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

Teresa Bowen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

Daytime Phone #

CR2E034 (9/01)