

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085514

1. Entity Name

CLAYTON HAULING, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90048 012 \*\*\*150.00

Principal Place of Business

2375 CENTERVILLE RD.  
TALLAHASSEE FL 32308

Mailing Address

2375 CENTERVILLE RD.  
TALLAHASSEE FL 32308-4317

2. Principal Place of Business

3489 Sedona Loop

Suite, Apt. #, etc.

3. Mailing Address

3489 Sedona Loop

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3601625

Applied For

Not Applicable

Zip  
32308

Country  
Leon

Zip  
32308

Country  
Leon

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

GLOVER, RICHARD A  
2375 CENTERVILLE RD.  
TALLAHASSEE FL 32308

Name  
Travis L. Clayton

Street Address (P.O. Box Number is Not Acceptable)  
Route 3, Box 375

City  
Havana,

FL

Zip Code  
32333

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

*Travis L. Clayton* TRAVIS L. CLAYTON

4/3/0

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CLAYTON, TRAVIS L  
RT. 3, BOX 375  
HAVANA FL 32333 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JASON BRADFORD  
3431 Shady Rest Rd  
HAVANA, FL. 32333 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CLAYTON, BEN L III  
3489 SEDONA LOOP  
TALLAHASSEE FL 32308 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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:

*Travis L. Clayton* Travis L. Clayton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)