

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) *Amended*

FILED

02 DEC 12 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # *P99000085514*

1. Entity Name

CLAYTON CONTAINERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3489 Sedona Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Tallahassee, FL

4. FEI Number

59-3601625

Applied For

Not Applicable

Zip

Country

Zip

Country

*32308**Leban*

5. Certificate of Status Desired

☐\$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

TRAVIS CLAYTON

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

*3431 SHADY REST RD**HAVANA*

FL

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

Signature typed or printed name of registered agent, not applicable

If not, Registered Agent signature required when submitting

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DIRECTOR	<i>"Add"</i>						
	ROGER, DENNIS						
	626 LANGSTON LANE						
	HAVANA, FL 32333						
	TRAVIS CLAYTON						
	3431 SHADY REST RD						
	HAVANA, FL 32333						
DIRECTOR	<i>"Add"</i>						
	CLAYTON, LORIS DENISE						
	568 TEAL LANE						
	Tallahassee, FL 32308						
	BEN CLAYTON						
	3489 Sedona Loop						
	Tallahassee, FL 32308						

4000009049264

11/18/02--01075--006 **\$61.25

DO NOT WRITE
IN THIS SPACE

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 on all 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 on an attachment with an address with all other like empowered.

SIGNATURE:

B. H. Clayton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/02

(850) 878-2848