

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092676

1. Entity Name

CLAYTON J. BREWER, INC.

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90032 013 \*\*\*150.00

Principal Place of Business Mailing Address  
 8550 A1A SOUTH, #444 8550 A1A SOUTH, #444  
 ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084

new ↓

2. Principal Place of Business 3. Mailing Address  
 1884 Sun Gazer Dr. 1884 Sun Gazer Dr.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Viera, FL 32955

DO NOT WRITE IN THIS SPACE

City & State City & State  
 Viera, FL 32955 Viera, FL 32955

4. FEI Number Applied For  
 59-3601795 Not Applicable

Zip Country Zip Country  
 32955 Broward 32955 Broward

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 O'CONNELL, W. HENRY  
 2200 N. PONCE DE LEON BLVD., STE. 10  
 ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 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, 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	BREWER, CLAYTON
STREET ADDRESS	1884 SUNGAZER DR.
CITY-ST-ZIP	ROCKLEDGE, FL 32955
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	
TITLE	<input type="checkbox"/> Delete
NAME	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

Daytime Phone #

CR2E034 (11/00)