

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000106528**

1. Entity Name

**CLAY COUNTY SHEET METAL INC.****FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90271 003 \*\*\*150.00

00014400



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2487 COUNTY RD. 20.STE.103 MIDDLEBURG FL 32068		Mailing Address 2487 COUNTY RD. 20.STE.103 MIDDLEBURG FL 32068	
2. Principal Place of Business 2487 CR 220 Suite, Apt. #, etc. SUITE 103 City & State MIDDLEBURG FL Zip 32068		3. Mailing Address 2487 CR 220 Suite, Apt. #, etc. SUITE 103 City & State MIDDLEBURG, FL Zip 32068	

4. FEI Number 59-3612289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

## 6. Name and Address of Current Registered Agent

**MARTIN, RONALD H JR.**  
**2487 COUNTY RD. 20.STE.103**  
**MIDDLEBURG FL 32068**

## 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN, RONALD H JR.</b> <b>4537 ALLABOARD</b> <b>MIDDLEBURG FL 32068</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ronald Martin Jr. / RONALD MARTIN JR - PRES.**

Date

Daytime Phone #

CR2E034 (10/00)