

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90128 008 \*\*\*150.00

**DOCUMENT # F94968**

1. Entity Name  
**NORTHCLIFFE DEVELOPMENT CORPORATION**

Principal Place of Business  
**112 MARCIA DRIVE  
 ALTAMONTE SPRINGS FL 32714  
 US**

Mailing Address  
**112 MARCIA DRIVE  
 ALTAMONTE SPRINGS FL 32714  
 US**

2. Principal Place of Business  
**108 MARCIA DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**108 MARCIA DRIVE**  
 Suite, Apt. #, etc.

City & State  
**ALTAMONTE SPRINGS, FL**

City & State  
**ALTAMONTE SPRINGS, FL**

4. FEI Number **59-3201558**

Applied For  
 Not Applicable

Zip Country  
**32714 USA**

Zip Country  
**32714 USA**

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

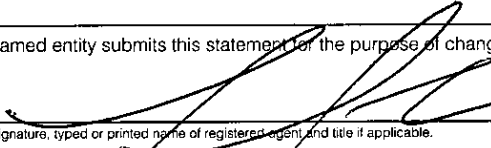
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LEMUS, ANTONIO CPA  
 112 MARCIA DRIVE  
 ALTAMONTE SPRINGS FL 32714**

Name  
**ANTONIO LEMUS, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**108 MARCIA DRIVE**  
 City  
**ALTAMONTE SPRINGS FL** Zip Code  
**32714**

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  **ANTONIO LEMUS** **4/07/01**  
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>PTSD SCHROEDER, MICHAEL E 781 LINDA VISTA AVE PASADENA CA 91103</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCM SCHROEDER, MICHAEL E 781 LINDA VISTA AVE PASADENA CA 91103</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4861 YOSEMITE WAY LOS ANGELES, CA 90041</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4861 YOSEMITE WAY LOS ANGELES, CA 90041</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  **MICHAEL E. SCHROEDER** **4/16/01** **323-727-3086**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CRE034 (10/00)