


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000095506			
1. Entity Name CLIFDEN ASSOCIATES, INC.			
Principal Place of Business 443 CORAL COVE DRIVE JUNO BEACH, FL 33408-2179		Mailing Address 443 CORAL COVE DRIVE JUNO BEACH, FL 33408-2179	
2. Principal Place of Business		3. Mailing Address 1370 OLD WILMINGTON PIKE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		4. FEI Number 65-0627689	
Zip		Applied For <input type="checkbox"/> Not Applicable	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'BRIEN, EDGAR H 443 CORAL COVE DRIVE JUNO BEACH, FL 33408-2179		7. Name and Address of New Registered Agent	
Name		City	
Street Address (P.O. Box Number Is Not Acceptable)		Zip Code FL	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Edgar H O'Brien</i></u> DATE: <u>4/17/03</u> <small>Signature, typed or printed name of registered agent and the filer. (NOTE: Registered Agent signature required when withdrawing.)</small>			
FILE NOW! FEE IS \$100.00 After May 1, 2003 Fee will be \$600.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.			
SIGNATURE: <u><i>Edgar H O'Brien</i></u>		DATE: <u>4/17/03</u> PHONE: <u>610-397-1884</u>	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND PHONE NUMBER	

11004848



CHECK HERE IF MAKING CHANGES.

CRREG04 (10/02)