

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90101 023 \*\*\*150.00

**DOCUMENT # 596281**

1. Entity Name

**C - MAJOR CORPORATION**

Principal Place of Business

**3917 INDIAN RIVER DR  
VERO BCH FL 32963**

Mailing Address

**3917 INDIAN RIVER DR  
VERO BCH FL 32963**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1868037**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CLINTON, JOHN E  
3606 MOCKINGBIRD DRIVE  
VERO BEACH FL 32963**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SD	CLINTON, JEAN	3606 MOCKINGBIRD DR	VERO BEACH FL	<input type="checkbox"/>
PD	CLINTON, JOHN	3606 MOCKINGBIRD DR	VERO BEACH FL	<input type="checkbox"/>
TD	CLINTON, ETTA	3917 INDIAN RIVER DR	VERO BEACH FL	<input type="checkbox"/>
D	CLINTON, ROY	3917 INDIAN RIVER DR	VERO BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**JOHN E. CLINTON**  
**PRESIDENT**

Date

Daytime Phone #

**1/25/02 561-231-0370**

CR2E034 (9/01)