

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

DOCUMENT #

1. Entity Name

F14149
KEN CLINTON AND ASSOCIATES, INC.

FILED

02 MAY -3 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

303 LONGBOW TRAIL

Suite, Apt. #, etc.

OSPREY, FL

City & State

34229

Zip

USA

Country

3. Mailing Address

303 LONGBOW TRAIL

Suite, Apt. #, etc.

OSPREY, FL

City & State

34229

Zip

USA

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2055093

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

KENNETH M. CLINTON

Street Address (P.O. Box Number is Not Acceptable)

303 LONGBOW TRAIL

City

OSPREY

FL

Zip Code

34229

**DO NOT WRITE
IN THIS SPACE**

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

KENNETH M. CLINTON, PRESIDENT

4-19-2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



10. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	KENNETH M. CLINTON
STREET ADDRESS	303 LONGBOW TRAIL
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	S/T/D
NAME	BARBARA B. CLINTON
STREET ADDRESS	303 LONGBOW TRAIL
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Barbara B. Clinton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2002 (9A) 918-1929
Date Daytime Phone #

Attachment

April 19, 2002

Ken Clinton and Associates, Inc.
303 Longbow Trail
Osprey, FL 34229

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Reinstatement

Dear Sir or Madam:

We have not received a Uniform Business Report for either 2001 or 2002.
Would you please extend to us a waiver of penalties.

Per instructions from your reinstatement division, I am enclosing our check #1271 in the amount of \$308.75 which covers \$150.00 fee for two years and \$8.75 for the Certificate of Status.

Thank you for your attention to this matter.

Sincerely,



Barbara B. Clinton, Secretary/Treasurer
Ken Clinton and Associates, Inc.