

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91300 048 ***150.00

DOCUMENT # F14149

1. Entity Name

KEN CLINTON and Associates, Inc.



DO NOT WRITE IN THIS SPACE

11024053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

303 Longbow Trail

Suite, Apt. #, etc.

303 Longbow Trail

City & State

Osprey, FL

City & State

Osprey, FL

Zip

34229

Country

USA

Zip

34229

Country

USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

KENNETH M. CLINTON, PRESIDENT

4-19-2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/D
KENNETH M. CLINTON
303 Longbow Trail
Osprey, FL 34229

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S/H/D
BARBARA B. CLINTON
303 Longbow Trail
Osprey, FL 34229

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE: BARBARA B. CLINTON
Barbara B. Clinton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2003

Date

(941) 918-1929

Daytime Phone #

CR2E034B (12/02)