

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90089 026 ***150.00

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1. Entity Name
CLINTON AND COMPANY, INC.



Principal Place of Business
**2002 NW 13TH ST., STE. 207
GAINESVILLE FL 32609**

Mailing Address
**1350 CONNECTICUT AVENUE NW
SUITE 1102
WASHINGTON DC 20036
US**

2. Principal Place of Business
4112 NW 22nd Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville, FL

City & State

4. FEI Number **52-1244568**

Applied For
Not Applicable

Zip **32609**

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **CPT CLINTON, WALTER** ☐ Delete
STREET ADDRESS **8304 TWIN FORKS LANE**
CITY-ST-ZIP **CHEVY CHASE MD 20815**

TITLE
NAME **P Blanchard, Wayne R** ☐ Change ☒ Addition
STREET ADDRESS **7218 NW 14th Avenue**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE
NAME **CVS CLINTON, GERALDINE** ☐ Delete
STREET ADDRESS **8304 TWIN FORKS LANE**
CITY-ST-ZIP **CHEVY CHASE MD 20815**

TITLE
NAME **CPT Clinton, Walter** ☒ Change ☐ Addition
STREET ADDRESS **2102 Connecticut Ave. NW #4**
CITY-ST-ZIP **Washington, DC 20008**

TITLE
NAME **D YESNICK, DONALD** ☒ Delete
STREET ADDRESS **4141 N 26TH RD.**
CITY-ST-ZIP **ARLINGTON VA 22207**

TITLE
NAME **CVS Clinton, Geraldine** ☒ Change ☐ Addition
STREET ADDRESS **2102 Connecticut Ave. NW #4**
CITY-ST-ZIP **Washington, DC 20008**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **V Zuppas, Stephen S** ☐ Change ☒ Addition
STREET ADDRESS **16509 Grand Vista Dr.**
CITY-ST-ZIP **Derwood, MD 20855**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 like empowered.

SIGNATURE: *Stephen S Zuppas* **SIGNATURE REQUIRED** **S. ZUPPAS - VP** **3/31/03** **202-223-4747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)