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

**DOCUMENT #** 

J21760



FILED	
May 05, 2003 8:00 ai	m
Secretary of State	
05 05 2003 91/31 0/8 ***150 00	

1. Entity Name CLIFTON KIM, INC.								05-05-2003 91431 048 ***150.00				
Principal Place of Business 13903 ONERLIN MANOR WAY TAMPA FL 33613		Mailing Address 13903 ONERLIN MANOR WAY TAMPA FL 33613										
CLIFTON KIM, INC.  Principal Place of Business 13903 ONERLIN MANOR WAY TAMPA FL 33613  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country  6. Name and Address of Current Re  KIM, CLIFTON C. 13903 OBERLIN MANOR WAY TAMPA FL 33613  8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of S  10. OFFICERS AND DIF  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	3. Mailing Address					CHECK HERE IF MAKING CHANGES						
Suite, Apt. #, etc.		Suite, Apt. #, etc.										
City & State		City & State			4.	. FEII	Number <b>59-2815238</b>			plied For t Applicable		
Zip Country		Zip	p Country			5	. Cert	tificate of Status Desired	]. <b>\$8</b>	.75 Add e Require	litional d	
	6. Name	and Address of Current F	tegistere	ed Agent			7.	. Nam	ne and Address of New Regist	ered Age	ent	
KIM. CLIF	TON C.		<u> </u>			Name						
		JOD WAY				Street Addr	ess (P.O.	Box 1	Number is Not Acceptable)			
		NOR WAT				·						
IAMPA F	L 33613											
						City				FL	Zip Cod	3
the obligat	tions of regist		the purp	ose of changing its	register	ed office or req	gistered a	agent,	or both, in the State of Florida.	I am fam	iliar with,	and accept
		<del></del>							<del></del>			
	Signature, typed	or printed name of registered agent a	nd title if app	nicable. (NOT	E: Hegistere	d Agent signature re	equired wher	n reinsta	ting) L	DATE	<u>.</u>	
Afte	r May 1, 200	3 Fee will be \$550.00	State						Election Campaign Financin Trust Fund Contribution.	9 🗆		<b>0</b> May Be to Fees
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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:

SIGNATURE AND PEPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)