## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an ac-

## Apr 18, 2002 8:00 am Secretary of State **DOCUMENT #** J33227 1. Entity Name 04-18-2002 90435 023 \*\*\*150.00 CLIFTON HOMES, INC. Mailing Address Principal Place of Business 355 NE 5 AVE STE 4 355 NE 5 AVE STE 4 DELRAY BCH FL 33483 DELRAY BCH FL 33483 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2721868 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ans BACKDULL, JAYNE R Street Address (P.O. Box Number is Not Acceptable) NE 5th Ave 1400 CENTREPARK BLVD **SUITE 1000** WEST PALM BEACH FL 33401-4498 or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or regis SIGNATURE ature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required w FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE Delete NAME BINNS, PHILIP NAME STREET ADDRESS 355 NE 5TH AVE #4 STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE SD □ Detete CARDER, J. MARTIN NAME NAME STREET ADDRESS STREET ADDRESS 355 NE 5TH AVE #4 CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empower of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED