

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 ar
Secretary of State

04-17-2003 90602 004 ***150.00

DOCUMENT # **J96090**
i. Entity Name
LLOYD CLIFTON AND ASSOCIATES, INC.



Principal Place of Business
**505 DELTONA BLVD
STE 102
DELTONA FL 32725
US**

Mailing Address
**505 DELTONA BLVD
STE 102
DELTONA FL 32725
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2856389**

Applied For
Not Applicable

Zip

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

**EZELL, KENNETH C.
505 DELTONA BLVD., SUITE 102
DELTONA FL 32725**

Name

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

City

FL

Zip Code

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	STREET ADDRESS	CITY-ST-ZIP	Delete
	DP	CLIFTON, LLOYD M.	511 MCGREGOR ROAD DELAND FL	<input checked="" type="checkbox"/>
	DVP	CLIFTON, GEORGE M.	4185 STATE ROAD 11 DELAND FL	<input type="checkbox"/>
	DVS	EZELL, KENNETH C.	1304 ERROL PARKWAY APOPKA FL	<input type="checkbox"/>
	D	CLIFTON, BONNIE M.	511 MCGREGOR ROAD DELAND FL	<input checked="" type="checkbox"/>
	D	CLIFTON, TERRI T.	4185 STATE ROAD 11 DELAND FL	<input type="checkbox"/>
	D	EZELL, MARILEE H.	1304 ERROL PKWY DELAND FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
	President			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

2. 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 REQUIRED**

4/8/03

386-860-1223

Date

Daytime Phone #