2002 Uniform Business Report (UBR)

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # P00000019020 1. Entity Name 04-15-2002 90038 016 ***150 00 CLIFTON & ASSOCIATES - THE WATER DOCTOR, INC. Principal Place of Business Mailing Address 1106 N.E. 23RD AVE. 1106 N.E. 23RD AVE. OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3627857 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLIFTON, JEFF P II Street Address (P.O. Box Number is Not Acceptable) 1106 N.E. 23RD AVE. OCALA FL 34470 City 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition CR2E034 (9/01) ☐ Delete TITLE ☐ Change TITLE NAME NAME CLIFTON, JEFF P II STREET ADDRESS STREET ADDRESS 1106 N.E. 23RD AVE. CITY-ST-7IP CITY-ST-ZIP OCALA FL 34470 ☐ Addition Change TITLE ☐ Delete TITLE NAME CLIFTON, ANGELIA M NAME STREET ADDRESS STREET ADDRESS 1106 N.E. 23RD AVE. CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34470 ☐ Change ☐ Addition TITLE ☐ Delete 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 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

E OF SIGNING OFFICER OR DIRECTOR