

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90048 023 ***150.00

0696902 AT

DOCUMENT # P01000011832

1. Entity Name

CLINTONI ENTERPRISES, INC.

Principal Place of Business

**P.O. BOX 389
 LAKE GENEVA FL 32160**

Mailing Address

**P.O. BOX 389
 LAKE GENEVA FL 32160**

2. Principal Place of Business

57 College Dr.
 Suite, Apt. #, etc.

3. Mailing Address

57 College Dr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orange Park, FL

Zip
32065

Country

Clay

City & State

Orange Park, FL

Zip
32065

Country

Clay

4. FEI Number

59-3694620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, TONI
 7830 TWIN LAKES RD.
 KEYSTONE HEIGHTS FL 32656**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, TONI	
STREET ADDRESS	P.O. BOX 389	
CITY-ST-ZIP	LAKE GENEVA FL 32160	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, HENRY	
STREET ADDRESS	P.O. BOX 389	
CITY-ST-ZIP	LAKE GENEVA FL 32160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Toni J. Miller *Toni J. Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04-05-02** Telephone #

CR2E034 (9/01)