

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063600

1. Entity Name

CLIFTON VENTURES III, INC.

Principal Place of Business

355 NE 5 AVE STE 4  
DELRAY BCH FL 33483

Mailing Address

355 NE 5 AVE STE 4  
DELRAY BCH FL 33483-5542

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0605497

Applied For

Not Applicable

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

WIENER, DAVID J ESQ.  
1400 CENTREPARK BLVD.  
SUITE 1000  
WEST PALM BEACH FL 33401

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 is 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME CARDER, MARTIN  
STREET ADDRESS 7200 W. CAMINO REAL, SUITE 314  
CITY-ST-ZIP BOCA RATON FL 33433



TITLE D  
NAME BINNS, PHILIP A  
STREET ADDRESS 7200 W. CAMINO REAL, SUITE 314  
CITY-ST-ZIP BOCA RATON FL 33433



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE D  
NAME Carder, Martin  
STREET ADDRESS 355 NE 5th Ave, #4  
CITY-ST-ZIP Delray Beach, FL 33483



TITLE D  
NAME Binns, Philip A  
STREET ADDRESS 355 NE 5th Ave #4  
CITY-ST-ZIP Delray Beach FL 33483



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 18, 2000 8:00 am  
Secretary of State

04-18-2000 90218 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR-1 (03/99)