


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90151 040 ***150.00

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DOCUMENT # P98000005513	
1. Entity Name CLINTON BARRETT & ASSOC., INC.	

Principal Place of Business 1844 N NO6 HILL RD #626 PLANTATION FL 33322	Mailing Address 10900 NW 18TH COURT PLANTATION FL 33322
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2. Principal Place of Business 3763 W. LAKE ESTATES DR Suite, Apt. #, etc. DAVIE	3. Mailing Address 3763 W. LAKE ESTATES DR Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

City & State DAVIE, FL	City & State DAVIE, FL
Zip 33328	Country U.S.A.

4. FEI Number 65-0806536	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARRETT, CLINTON G 10900 NW 18TH COURT PLANTATION FL 33322
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7. Name and Address of New Registered Agent Name CLINTON G. BARRETT Street Address (P.O. Box Number is Not Acceptable) 3763 W. LAKE ESTATES DR City DAVIE FL Zip Code 33328
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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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>C. G. BARRETT</u> <u>April 25, 2003</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P NAME BARRETT, CLINTON STREET ADDRESS 10900 NW 18TH COURT CITY-ST-ZIP PLANTATION FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BARRETT, CLINTON STREET ADDRESS 3763 W. LAKE ESTATES DR CITY-ST-ZIP DAVIE, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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.
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SIGNATURE: <u>SIGNATURE BARRETT (C.G. BARRETT)</u> <u>April 25, 2003 (954) 328-2124</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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CR2E034 (10/02)