2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P99000056951** Apr 25, 2000 8:00 am Secretary of State CLIFTON FINANCIAL SERVICES, INC. 04-25-2000 90051 013 ***150.00 Principal Place of Business Mailing Address 2006 OAK MEADOW CIRCLE 2006 OAK MEADOW CIRCLE SOUTH DAYTONA FL 32119-2575 SOUTH DAYTONA FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-358502 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MITCHELL, JEROME D Street Address (P.O. Box Number is Not Acceptable) **400 SOUTH PALMETTO AVE** DAYTONA BEACH FL 32114 Zip Code FL 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SDVT ☐ Change ■ Addition TITLE ☐ Delete TITLE CLIFTON, RONALD D JR NAME NAME STREET ADDRESS 2006 OAK MEADOW CIRCLE STREET ADDRESS CITY-ST-ZIP **SOUTH DAYTONA FL 32119** CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE CLIFTON, RONALD D JR NAME STREET ADDRESS STREET ADDRESS 2006 OAK MEADOW CIRCLE CITY-ST-ZIP CITY-ST-ZIP **SOUTH DAYTONA FL 32119** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 supplied entities 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 impowered 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 add ess, with all other like empowered.