

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056951

1. Entity Name

CLIFTON FINANCIAL SERVICES, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90164 044 ***150.00

Principal Place of Business

2006 OAK MEADOW CIRCLE
SOUTH DAYTONA FL 32119

Mailing Address

2006 OAK MEADOW CIRCLE
SOUTH DAYTONA FL 32119

00045821



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2335-A S. Ridgewood Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

South Daytona, FL

City & State

Zip

32119

Country

US

Country

4. FEI Number

59-3585024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JEROME D
400 SOUTH PALMETTO AVE
DAYTONA BEACH FL 32114

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, 2001 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 SDVT
NAME CLIFTON, RONALD D JR
STREET ADDRESS 2006 OAK MEADOW CIRCLE
CITY-ST-ZIP SOUTH DAYTONA FL 32119 ☐ Delete

TITLE P
NAME CLIFTON, RONALD D JR
STREET ADDRESS 2006 OAK MEADOW CIRCLE
CITY-ST-ZIP SOUTH DAYTONA FL 32119 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01
Date

386 255 4777
Daytime Phone #

CR2E034 (10/00)