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05-01-2003 90826 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 80102837 **DOCUMENT # P99000056951** 1. Entity Name CLIFTON FINANCIAL SERVICES, INC. Principal Place of Business Malling Address 2335-A S RIDGEWOOD AVENUE 2006 OAK MEADOW CIRCLE SOUTH DAYTONA, FL 32119 SOUTH DAYTONA, FL 32119 2. Principal Place of Business 3. Mailing Address 2335-A S Ridgewood Sulte, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IS MAKING CHANGES City & State · Day tova 4. FEI Number Applied For 59-3585024 Not Applicable Zip FL Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32 IN 9 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ron Clifton MITCHELL, JEROME D 400 SOUTH PALMETTO AVE Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH, FL 32114 S. Ridgewood Zip Code 32119 S. Daytona a. 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 he obligations of registered agent 9. Election Campaign Financing \$5.00 May Be -a. will be \$552.00 cida Pepertment of Stere Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1/1E SDVT De lete TITLE PSTCV Change Ronald D. Clifton, JC. NAME CLIFTON, RONALD D JR NAUF STREET ADDRESS 2006 OAK MEADOW CIRCLE 2134 Pope Ave. 5 Daytona, FC STREET ADDRESS SOUTH DAYTONA, FL 32119 CITY-ST-ZIP CITY-ST-ZIP TILLE D Delete TITLE MO Change Addition Sherry K. Clifton 2124 pape NAME CLIFTON, RONALD D JR NALES STREET ADDRE 2006 OAK MEADOW CIRCLE STREET ADDRESS 2134 SOUTH DAYTONA, FL 32119 CITY-ST-7P CITY-ST-ZIP 5. Day tono 32119 TITLE TITLE ☐ Belete ☐ Change ☐ Addition NAME NALEF STREET ADDRESS STREET ADDRESS CITY-51-29 CITY-ST-2IP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-2/P 1me ☐ Delete TOLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ___ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). Florids 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 certify that I am an officer or director of the cooperation 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 SIGNATURE: 386 285 **4** 77 7