

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061612

1. Entity Name
MARCLIF & ASSOCIATES, INC.

Principal Place of Business
4201 PARKWAY BLVD
LAND O' LAKES FL 34639

Mailing Address
4201 PARKWAY BLVD
LAND O' LAKES FL 34639

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip

Country

4. FEI Number 59-3587781

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, CLIFFORD W
4201 PARKWAY BLVD
LAND O' LAKES FL 34639

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PD
NAME MILLER, CLIFFORD W
STREET ADDRESS 4201 PARKWAY BLVD
CITY-ST-ZIP LAND O' LAKES FL 34639

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD
NAME MILLER, MARY G
STREET ADDRESS 4201 PARKWAY BLVD
CITY-ST-ZIP LAND O' LAKES FL 34639

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90164 004 ***150.00

80130947



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment

BD130947

MARCLIF & ASSOCIATES, INC.
4201 Parkway Blvd.
Land O' Lakes, Fl. 34639

P99000061612

Certified Letter with Return Receipt

July 15, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

RE: UBR #P99000061612
2002 UBR

Gentlemen:

As per our telephone conversation with your staff today, please be advised that we did Not received the Annual Report from you, the first time.

Enclosed, please find our check in the amount of \$150.00 for the year 2002 filing.

Your prompt processing of our annual report will be greatly appreciated.

Truly yours,

MARCLIF & ASSOCIATES, INC.

Clifford W. Miller

Clifford W. Miller
President