

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

07-05-2001 90002 031 \*\*\*550.00

**DOCUMENT # S68443**

1. Entity Name

**CLINTON FINANCIAL GROUP, INC.**

Principal Place of Business

Mailing Address

1895 S. PATRICK DR.  
 INDIAN HARBOR BEACH FL 32937  
 US

2298 VENETIA PLACE  
 INDIALANTIC FL 32903  
 US

2. Principal Place of Business

3. Mailing Address

**135 B TOMAHAWK DR #2**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**UNIT #2**

City & State

City & State

**INDIAN HARBOR BEACH**

Zip

Country

Zip

Country

**32937**

**US**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NUGENT, THOMAS F E**  
**2298 VENETIA PL**  
**INDIALANTIC FL 32903**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **NUGENT, FRANCES B**  
 CITY-ST-ZIP **2298 VENETIA PL**  
**INDIALANTIC FL**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **REILLY, SUSAN F**  
 CITY-ST-ZIP **2225 HWY A1A #701**  
**INDIAN HARBOR BCH FL**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **NUGENT, THOMAS F E**  
 CITY-ST-ZIP **2298 VENETIA PL**  
**INDIALANTIC FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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:

**THOMAS F E NUGENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS F.E. NUGENT**

**6/28/01**

**321 779 9939**

Date

Daytime Phone #

CR2E034 (10/00)