

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0592243 AT

**DOCUMENT # L96294**

1. Entity Name  
**CITIFACTORS FINANCIAL GROUP, INC.**

04-10-2002 90707 001 \*\*\*300.00

Principal Place of Business  
**100 W. KENNEDY BLVD**  
**SUITE 200**  
**TAMPA FL 33602**  
**US**

Mailing Address  
**P O BOX 620428**  
**ORLANDO FL 32862-0428**  
**US**



2. Principal Place of Business  
**215 CELEBRATION PLACE**  
 Suite, Apt. #, etc.  
**SUITE 150**

3. Mailing Address  
**P. O. BOX 620905**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**CELEBRATION, FLORIDA**

City & State  
**ORLANDO, FLORIDA**

4. FEI Number  
**59-3104647**  
 Applied For  
 Not Applicable

Zip  
**34747**  
 Country  
**USA**

Zip  
**32862-0905**  
 Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LANE, CHARLES C.**  
**100 S ASHLEY DR**  
**SUITE 1700**  
**TAMPA FL 33602**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GOWEN, KEVIN R SR</b> <b>100 W KENNEDY BLVD #200</b> <b>TAMPA FL 33602</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>GOWEN, KRISTINE A</b> <b>100 W KENNEDY BLVD #200</b> <b>TAMPA FL 33602</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KEVIN R. GOWEN, SR.</b> <b>215 CELEBRATION PLACE, SUITE 150</b> <b>CELEBRATION, FLORIDA 34747</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ST</b> <b>KRISTINE A. GOWEN</b> <b>215 CELEBRATION PLACE, SUITE 150</b> <b>CELEBRATION, FLORIDA 34747</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP</b> <b>MARTHA J. SUDOVSKY</b> <b>215 CELEBRATION PLACE, SUITE 150</b> <b>CELEBRATION, FLORIDA 34747</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP</b> <b>TIFFANY A. GRANT</b> <b>215 CELEBRATION PLACE, SUITE 150</b> <b>CELEBRATION, FLORIDA 34747</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 4/12/02 (407) 566-1150  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)