


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90136 001 ***300.00

DOCUMENT # L96294

1. Entity Name
CITIFACTORS FINANCIAL GROUP, INC.



Principal Place of Business
**215 CELEBRATION PLACE
SUITE 150
CELEBRATION FL 34747
US**

Mailing Address
**PO BOX 620905
ORLANDO FL 32862-0905
US**

35001511



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

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

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	GOWEN, KEVIN R SR
STREET ADDRESS	215 CELEBRATION PLACE, SUITE 150
CITY-ST-ZIP	CELEBRATION FL 34747
TITLE	ST <input type="checkbox"/> Delete
NAME	GOWEN, KRISTINE A
STREET ADDRESS	215 CELEBRATION PLACE, SUITE 150
CITY-ST-ZIP	CELEBRATION FL 34747
TITLE	VP <input type="checkbox"/> Delete
NAME	SUDOVSKY, MARTHA J
STREET ADDRESS	215 CELEBRATION PLACE, SUITE 150
CITY-ST-ZIP	CELEBRATION FL 34747
TITLE	VP <input type="checkbox"/> Delete
NAME	GRANT, TIFFANY A
STREET ADDRESS	215 CELEBRATION PLACE, SUITE 150
CITY-ST-ZIP	CELEBRATION FL 34747
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **1/13/03** **407 566-1150**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)