

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90105 035 ***150.00

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DOCUMENT # **P98000078446**



1. Entity Name
WEALTHBUILDERS FINANCIAL GROUP, INC.

Principal Place of Business
**4921 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652**

Mailing Address
**23 E TARPON AVE
TARPON SPRINGS FL 34689**



2. Principal Place of Business

3. Mailing Address
GEORGE N. KLIMIS, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
27 E. ORANGE STR.

CHECK HERE IF MAKING CHANGES

City & State

City & State
TARPON SPRINGS, FLA

4. FEI Number
59-3532449

Applied For
 Not Applicable

Zip

Country

Zip
34689

Country

USA

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

6. Name and Address of Current Registered Agent

**KLIMIS, GEORGE N
23 E TARPON AVE
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name
George N. Klimis, P.A.

Street Address (P.O. Box Number is Not Acceptable)
27 E. ORANGE STR.

City
TARPON SPRINGS FL Zip Code
34689

8. The above named entity submits this statement for the purpose of changing its registered offices 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.

Signature of Registered Agent signature required when reinstating)

DATE
4/02/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	NOTO, JAMES M	4366 DEWEY DR.	NEW PORT RICHEY FL 34652	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03

727-943-9551

Date Daytime Phone #

CR2E034 (10/02)