

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


FILED

03 APR 21 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# **.557625**

1. Entity Name
KINGFISHER FINANCE INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10800 SOUTH TROPICAL TRAIL

3. Mailing Address
10800 S. TROPICAL TRAIL

Suite, Apt. #, etc.

City & State
MERRITT ISLAND, FLORIDA

City & State
MERRITT ISLAND, FLORIDA

Zip
32952

Country
BERMUDA

Zip
32952

Country
BERMUDA

4. FEI Number
59-1824834

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
JACK WEINROTH

Street Address (P.O. Box Number is Not Acceptable)
10800 SOUTH TROPICAL TRAIL, MERRITT ISLAND, FLORIDA 32952

City
MERRITT ISLAND

FL

Zip Code
32952

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	JACK WEINROTH, President 10800 SOUTH TROPICAL TRAIL MERRITT ISLAND, FLORIDA 32952	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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200016232792
04/18/03--01014--005 **150.00

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **JACK WEINROTH** *[Signature]* **4/9/03** **321/773-2717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)