

2002 UNIFORM BUSINESS REPORT (UBR)

0020892 SP

DOCUMENT # A28995
 1. Entity Name: **FORCE FINANCIAL, LTD.**

FILED

02 MAY -1 AM 10:55

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



Principal Place of Business: **4250 LAKESKED DRIVE, SUITE 212 JACKSONVILLE FL 32210**
 Mailing Address: **4250 LAKESKED DRIVE, SUITE 212 JACKSONVILLE FL 32210**

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

DUE BY-MAY 1, 2002
 4. FEI Number: **59-2969379**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CATER, JAMES W., JR.
4250 LAKESKED DRIVE, SUITE 212
JACKSONVILLE FL 32210

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$2,632,880.00**
 10. Amount of Capital Contributions in FLORIDA to date: **2,632,880.00**
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | |
|---------------------------------|---------------------------------------|
| DOCUMENT # | |
| NAME | CATER, JAMES W., JR. |
| STREET ADDRESS | 4250 LAKESKED DRIVE, SUITE 212 |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 |
| DOCUMENT # | L40124 |
| NAME | FORCE FINANCIAL CORP. |
| STREET ADDRESS | 4250 LAKESKED DRIVE, SUITE 212 |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 300005554249--3 |
| CITY-ST-ZIP | -05/16/02--01026--007 ****526.25 ****526.25 |
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CP2E003 (9/01)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *James W. Carter, Jr.* **James W. Carter, Jr. 4-30-02 904381-0421**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #