

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90313 038 ***150.00

DOCUMENT # F01000004817

1. Entity Name
AZTEC FINANCIAL, INC.

Principal Place of Business

**542 W. CONFLUENCE AVE.
 SALT LAKE CITY UT 84123**

Mailing Address

**542 W. CONFLUENCE AVE.
 SALT LAKE CITY UT 84123**

2. Principal Place of Business

542 W Confluence Ave
 Suite, Apt. #, etc.

3. Mailing Address

542 W Confluence Ave
 Suite, Apt. #, etc.

City & State
Salt Lake City

Zip
84123

Country
USA

City & State
Salt Lake City

Zip
84123

Country
USA

4. FEI Number

87-0568274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SAUNDERS, RON
 7401 114TH AVE NORTH #505
 LARGO FL 33773**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
PCD
 NAME **HANKS, DAVID J**
 STREET ADDRESS **2852 EAST 4215 SOUTH**
 CITY-ST-ZIP **SALT LAKE CITY UT**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **HANKS, GORDON K**
 CITY-ST-ZIP **2616 STANFORD LANE**
SALT LAKE CITY UT

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **SIRRIE, JOHN W**
 CITY-ST-ZIP **12440 S. RIVERTON DRIVE**
RIVERTON UT

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

(801) 261-1798

Daytime Phone #

CR2E034 (9/01)