## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like en

SIGNATURE:

## Feb 04, 2002 8:00 am DOCUMENT # F51107 **Secretary of State** 1. Entity Name 02-04-2002 90023 036 \*\*\*150.00 FINANCIAL SECURITY CONSULTANTS, INC. Principal Place of Business Mailing Address 151 NW 1ST AVE 151 NW 1ST AVE **DELRAY BEACH FL 33444 DELRAY BEACH FL 33444** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 63-0817091 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAGNEY, WILLIAM P., III, P.A. Street Address (P.O. Box Number is Not Acceptable) 53 COUNTRY ROAD SOUTH **VILLAGE OF GOLF FL 33436** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE CAGNEY, WILLIAM P., III NAME NAME STREET ADDRESS 53 COUNTRY ROAD SOUTH STREET ADDRESS CITY-ST-7IP VILLAGE OF GOLF FL 33436 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME RYAN, WILLIAM C. NAME STREET ADDRESS 3530 WILLIAM & MARY RD. STREET ADDRESS CITY-ST-7IP **BIRMINGHAM AL** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME WRIGHT, REGINALD R. NAME STREET ADDRESS STREET ADDRESS 3625 RIVER RIDGE ROAD CITY-ST-ZIP **BIRMINGHAM AL** CITY-ST-ZIP Change | Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapters on a state-present with all other like empowered.

CR2E034 (9/01)