

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90030 013 \*\*\*150.00

**DOCUMENT # F93000000334**

1. Entity Name

UNION FINANCIAL CORPORATION



Principal Place of Business

2455 E SUNRISE BLVD.  
SUITE 307  
FT. LAUDERDALE FL 33304  
US

Mailing Address

2455 E SUNRISE BLVD.  
SUITE 307  
FT. LAUDERDALE FL 33304  
US

24024403



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1040 BAYVIEW DRIVE

3. Mailing Address

1040 BAYVIEW DRIVE

Suite, Apt. #, etc.

SUITE 428

Suite, Apt. #, etc.

SUITE 428

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

4. FEI Number

88-0288930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NOONAN, THOMAS R  
2455 E SUNRISE BLVD.  
SUITE 307  
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name NOONAN, THOMAS R

Street Address (P.O. Box Number is Not Acceptable)

1040 BAYVIEW DRIVE SUITE 428

City FT LAUDERDALE

FL

Zip Code

33304

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 *Thomas R Noonan* THOMAS R NOONAN, PRESIDENT

2-25-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE CVCD  
NAME NOONAN, THOMAS ☐ Delete  
STREET ADDRESS 2455 E SUNRISE BLVD. SUITE 307  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE PVST  
NAME NOONAN, THOMAS ☐ Delete  
STREET ADDRESS 2455 E SUNRISE BLVD. SUITE 307  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NOONAN, THOMAS ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1040 BAYVIEW DR SUITE 428  
CITY-ST-ZIP FT LAUDERDALE, FL 33304

TITLE NOONAN, THOMAS ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1040 BAYVIEW DR SUITE 428  
CITY-ST-ZIP FT LAUDERDALE, FL 33304

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

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

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

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

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: *Thomas R Noonan* THOMAS R NOONAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04 954-566-4588

Date

Daytime Phone #