

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0124309 AT

DOCUMENT # F93000002244



FILED

03 OCT 17 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
FINANCIAL SENSE, INC.

Principal Place of Business
**1013 CENTRE RD., STE. 350
WILMINGTON DE 19805**

Mailing Address
**8200 HWY 98
SUITE F 196
WARRINGTON FL 32506
US**



2. Principal Place of Business

3. Mailing Address
527 S. FIRST ST

REINSTATEMENT
 CHECK HERE IF MAKING CHANGES **03**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PENSACOLA FL 32507

4. FEI Number **51-0336700**

Applied For
 Not Applicable

Zip **32507**

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HIBBARD, TRACY L
6105 LAKE JOANNE
PENSACOLA FL 32506~~

Name **KATHY S. GROH**
Street Address (P.O. Box Number is Not Acceptable)
5 Grove RD
City **PENSACOLA FL** Zip Code **32507**

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 **10-14-03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV CLARK, JOHN J II 1013 CENTRE RD., STE. 350 WILMINGTON DE 19805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SLT WATSON, WALTER 470 W. DETROIT BLVD PENSACOLA FL 32514	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
600023909996 10/17/03--01072--004 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ~~SIGNATURE REQUIRED~~ **Present Scott 14-2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

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Fla Dept of Corporations
Tallahassee

10-14-03

To Whom It May Concern,

Our Corp Never Received the
Forms for '03 as we had moved!

(last Secretary)

Ms Lisa Carpenter wrote a letter to

Notify Fla Corp in August 02

of the change of address

We Just Received the Mail

Forwarded to us Today!! 10-14-03

Ms Carpenter also check Jan 4'03

and confirmed the change of address

Please correct the address and

Please Forgive the Deligent Fee

Thankyou

— Sen J. Clark Posner

Forwards Send me