

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90207 010 ***150.00

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DOCUMENT # F98000006679

1. Entity Name
SOUTHPORT FINANCIAL SERVICES, INC.



Principal Place of Business
**3000 GULF TO BAY BLVD.
404
CLEARWATER FL 33759**

Mailing Address
**3000 GULF TO BAY BLVD., #301
CLEARWATER FL 33759**



2. Principal Place of Business
25400 US 19 N.

3. Mailing Address
25400 US 19 N.

Suite, Apt. #, etc.
154

Suite, Apt. #, etc.
154

☐ CHECK HERE IF MAKING CHANGES

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number
91-1547614

Applied For
☐ Not Applicable

Zip
33763

Country

Zip
33763

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

**LEACH, PETER H
3000 GULF TO BAY BLVD., #301
CLEARWATER FL 33759**

Name: **Peter H. Leach**
Street Address (P.O. Box Number is Not Acceptable)
25400 US 19 N., #154

City **Clearwater** FL Zip Code **33763**

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 DATE

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CSD
PAGE, J DAVID
1911 65TH AVE W
TACOMA WA 98466** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)