## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** G89904

1. Entity Name



**FILED** Jan 16, 2003 8:00 am Secretary of State

|   |                                     | ANCIAL SERVICES                         | , INC.  |                   |                          | 01-16-2003 9  | 0151 032 ***1      | 150.00                      |                |
|---|-------------------------------------|---|---|-------------------|--------------------------|---|--------------------|-----------------------------|----------------|
| Principal Place of Business 131 SECOND AVE. NORTH SUITE 200 JACKSONVILLE BCH FL 32250 |                                     |   | Mailing Address 131 SECOND AVE. NORTH SUITE 200 JACKSONVILLE BCH FL 32250 |                   |                          |   |                    |                             |                |
| 2. Principal Place of Business  |                                     |   | 3. Mailing Address  |                   |                          |   |                    |                             |                |
| Suite, Apt. #, etc.   |                                     |   | Suite, Apt. #, etc.   |                   |                          | -   |                    |                             |                |
| City & State  |                                     |   | City & State  |                   |                          | CHECK HERE IF MAKING CHANGES  4. FEI Number FO CONSTRUCTION |                    |                             |                |
| Zip   |                                     | Country                                 | Zip   | Country           | <del>,</del> -           | 59-2628258  |                    | Applied For<br>Not Applicat |                |
| ļ <u>-</u>  | 6. Name and                         | Address of Current Regi                 | Stered Agent  | <del></del>       | <u></u>                  | 5. Certificate of Status Desired                            | ^ Eoo Doo          | Additional                  |                |
|   |                                     |   | otored Agent  |                   |                          | 7. Name and Address of New Re                               | gistered Agent     | lanea                       |                |
| HOLBROOK, KATHLEEN F.   |                                     |   |   |                   | Name                     | me good Agent   |                    |                             | $\dashv$       |
| 2301 IN   | idependent squ                      | JARE                                    | Street Address (  |                   |                          | O. Box Number is Not Acceptable)                            |                    |                             |                |
|   | DEPENDENT DRIV                      |   | ļ   |                   |                          |   |                    | $\neg$                      |                |
|   | ONVILLE FL 32202                    |   |   |                   |                          |   |                    |                             | [              |
| J   |                                     |   |   |                   | City                     |   |                    |                             |                |
| 8. The above  | ve named entity sub-                | mits this statement for the r           | Ourness of phoneins in  |                   |                          | d agent, or both, in the State of Florid                    | FL Zip C           | >ode                        | $\exists$      |
| The oblig   | ations of registered                | agent.                                  | sorpose of chariging its  | s registered o    | office or registered     | agent, or both, in the State of Florid                      | a. Lam familiar wi | ith and see-                | -4             |
| SIGNATURE   | =                                   |   |   |                   |                          |   | Carricarina w      | ui, and accept              | 1              |
|   | Signature, typed or printe          | d name of registered agent and title it | familiante  |                   |                          |   |                    |                             | ł              |
|   |                                     |   | NOTE  | E: Registered Age | nt signature required wh | en reinstating)   | DATE               |                             |                |
| Afte  | FILE NOW!!! FE<br>er May 1, 2003 Fe | E IS \$150.00                           |   | _                 |                          |   |                    |                             |                |
| Make Chec   | k Payable to Flori                  | da Department of State                  |   |                   |                          | 9. Election Campaign Finance                                | oina <b>¢</b> s    | .00 May Be                  | -              |
| 10.   |                                     |   |   |                   |                          | Trust Fund Contribution.                                    | ~                  | led to Fees                 | 1              |
| TITLE   | PST                                 | OFFICERS AND DIREC                      | TORS  | 11.               | <del></del>              | ADDITIONS (CHANGES TO SEE                                   |                    |                             |                |
| NAME  | CARTER, MARY                        | E                                       | ☐ Delete  | TITLE             |                          | ADDITIONS/CHANGES TO OFFICE                                 | RS AND DIRECTO     | RS IN 11                    | ]              |
| STREET ADDRESS  | 131 SECOND A                        | VE., NORTH, SUITE 200                   |   | NAME              |                          |   | ☐ Change           | Addition                    | 78             |
| CITY-ST-ZIP   | JACKSONVILLE                        | BEACH FL 32250                          | 1   | STREET ADD        | RESS                     |   |                    |                             | <u>}</u>       |
| TITLE   | D                                   | DENOTITE 32230                          |   | CITY-ST-ZII       | · .                      |   |                    |                             | CR2E034 (10/02 |
| NAME  | CARTER, MARY                        | r                                       | ☐ Delete  | TITLE             |                          |   |                    |                             | Ìй             |
| STREET ADDRESS  | 131 SECOND AL                       | F.<br>Æ MODTH ÖURRERE                   |   | NAME              | }                        |   | Change             | ☐ Addition                  | ] ૠ            |
| CITY-ST-ZIP   | JACKSONVILLE                        | E., NORTH, SUITE 200<br>BEACH FL 32250  |   | STREET ADDR       | RESS                     |   |                    |                             | ١٥             |
| TITLE   | TO TO STATELLE                      | DEACH FL 32250                          |   | CITY-ST-ZIP       | - 1                      |   |                    | 1                           | {              |
| NAME  |                                     | •                                       | Delete  | TITLE-            | ~ 1,                     | The second second   |                    |                             | 1              |
| STREET ADDRESS  |                                     |   |   | NAME              | 1                        | <b></b>   | · 🗌 Change         | Addition                    |                |
| CITY-ST-ZIP   |                                     |   |   | STREET ADDR       | ESS                      |   |                    |                             |                |
| TITLE   |                                     |   |   | CITY-ST-ZIP       |                          |   |                    |                             |                |
| NAME  |                                     |   | ☐ Delete  | TITLE             |                          |   |                    |                             |                |
| STREET ADDRESS  |                                     |   |   | NAME              | - 1                      |   | ☐ Change           | ☐ Addition                  |                |
| CITY-ST-ZIP   | u                                   |   |   | STREET ADDRE      | ss                       |   |                    | 1                           |                |
| TITLE   | <del> </del>                        |   |   | CITY-ST-ZIP       | 1                        |   |                    |                             |                |
| NAME  |                                     |   | ☐ Delete  | TITLE             |                          |   |                    |                             |                |

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 changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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

☐ Delete

1/13/02 904-246-0346

☐ Change

☐ Change

☐ Addition

☐ Addition