

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90082 026 ***150.00

DOCUMENT # **J91455**

1. Entity Name

PALADIN FINANCIAL SERVICES CORPORATION

(NC) LW

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2219 BARKWOOD CT

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 950520

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE MARY, FLORIDA

City & State

LAKE MARY, FLORIDA

4. FEI Number

59-2842026

Applied For

Not Applicable

Zip

32746

Country

U.S.A.

Zip

32795-0520

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

WILLIAM L. FOSTER

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

2219 BARKWOOD CT

City

LAKE MARY

FL

Zip Code

32746

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**P
WILLIAM L. FOSTER
2219 BARKWOOD CT
LAKE MARY, FL 32746**

TITLE
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CITY- ST- ZIP

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13. 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 11 or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM L. FOSTER 4-30-2002 (407) 330-1814

Date

Daytime Phone #

CR2E034B (12/01)