FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90963 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J91455

1. Entity Name
PALADIN FINANCIAL SERVICES CORPORATION

Principal Place of Business	Mailing Address
2219 BARKWOOD CT. LAKE MARY, FL 32746 US	PO BOX 950520 LAKE MARY, FL 32795-0520 US

2. Principal Place of Business	3. Mailing Address
1000 SAVAGE CT	1000 SAVAGE CT
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103
City & State: LONGWOOD, Fl	City & State: LONGWOOD, Fl
Zip: 32750 Country: SEMINOLE	Zip: 32750 Country: SEMINOLE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2842026 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: FOSTER, William L.
Street Address (P.O. Box Number Is Not Acceptable): 140 CLOISTER COVE
City: CASSELBERRY FL Zip Code 32707

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: [signature] Date: 2-21-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: P NAME: FOSTER, WILLIAM L. STREET ADDRESS: 2219 BARKWOOD CT. CITY-ST-ZIP: LAKE MARY, FL 32746	☐ Delete	TITLE: PRESIDENT NAME: FOSTER, William L. STREET ADDRESS: 140 CLOISTER COVE CITY-ST-ZIP: CASSELBERRY, Fl. 32707	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: SECRETARY NAME: POLK, GREGORY D. STREET ADDRESS: 529 E. GRANDVIEW WAY CITY-ST-ZIP: CASSELBERRY, Fl. 32707	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME 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] Date: 2-21-03 Daytime Phone #: 407-767-9270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)