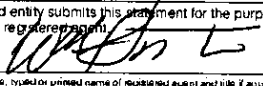
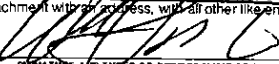


FILED
Feb 24, 2003 8:00 am
Secretary of State

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 2219 BARKWOOD CT. LAKE MARY, FL 32746 US		Mailing Address PO BOX 950520 LAKE MARY, FL 32795-0520 US	
2. Principal Place of Business 1000 SAVAGE CT Suite, Apt. #, etc. 103		3. Mailing Address 1000 SAVAGE CT Suite, Apt. #, etc. 103	
City & State LONGWOOD, FL		City & State LONGWOOD, FL	
Zip 32750	Country SEMINOLE	Zip 32750 Country SEMINOLE	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 59-2842026 Applied For ☐ Not Applicable	
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 CASSELBERRY City 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 		DATE 2-21-03	
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	P FOSTER, WILLIAM L. 2219 BARKWOOD CT. LAKE MARY, FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FOSTER, WILLIAM L. 140 CLOISTER COVE CASSELBERRY, FL 32707 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY POLK, GREGORY D. 529 E. GRANDVIEW WAY 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
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
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 my address, with all other like empowered.			
SIGNATURE: 		DATE 2-21-03 407-767-9270	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	