

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

02-13-2003 90234 031 ****61.25

DOCUMENT # **N02000005973**

1. Entity Name

PERSONAL FINANCIAL SUPPORT NETWORK, INC.

FINANCIAL SUPPORT NETWORK, INC.

Principal Place of Business

**2180 IMMOKALEE RD
308
NAPLES FL 34110**

Mailing Address

**2180 IMMOKALEE RD
308
NAPLES FL 34110**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

61-1421410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SLAUGHTER, WENDY L
2108 IMMOKALEE RD
308
NAPLES FL 34110**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P D** ☐ Delete
NAME **SLAUGHTER, WENDY L**
STREET ADDRESS **2108 IMMOKALEE RD., SUITE 308**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **V** ☒ Delete
NAME **TAYLOR, TODD F**
STREET ADDRESS **10440 LITTLE PATUXENT PARKWAY, SUITE 500**
CITY-ST-ZIP **COLUMBIA MD 21044**

TITLE **S** ☒ Delete
NAME **JAMES, MCGOWAN**
STREET ADDRESS **2900 PINENEEDLE**
CITY-ST-ZIP **ELLICOTT CITY MD 21042**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **V D** ☐ Change ☒ Addition
NAME **MIKE RIEMER**
STREET ADDRESS **10936 BATTERSEA LN**
CITY-ST-ZIP **COLUMBIA MD 21044**

TITLE **S D** ☐ Change ☒ Addition
NAME **VIRGINIA GICK**
STREET ADDRESS **6428 SHANDY COURT**
CITY-ST-ZIP **CLARKSVILLE MD 21029**

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

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

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

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 617, 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

2/10/03

Date

410-715-4760

Daytime Phone #

CR2E037 (10/02)