

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90712 002 \*\*\*150.00

0567313 AV

DOCUMENT # **P00000016335**

1. Entity Name  
**HERKO FINANCIAL GROUP, INC.**



Principal Place of Business  
**2918 ALCAZAR TERR.  
NORTH PORT FL 34287**

Mailing Address  
**2918 ALCAZAR TERR.  
NORTH PORT FL 34287**

2. Principal Place of Business  
**20020 VETERAN'S HWY**  
Suite, Apt. #, etc. **2**

3. Mailing Address  
**20020 VETERAN'S HWY**  
Suite, Apt. #, etc. **2**

City & State  
**PORT CHARLOTTE FL**

City & State  
**PORT CHARLOTTE FL**

Zip  
**33954** Country  
**USA**

Zip  
**33954** Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0985866** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HERKO, ANDREW T  
2918 ALCAZAR TERR.  
NORTH PORT FL 34287**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**20020 VETERAN'S HWY #2**

City **PORT CHARLOTTE** FL Zip Code **33954**

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 *Andrew T Herko* DATE **4/22/03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD HERKO, ANDREW T 2918 ALLANTRA TRAIL NORTH PORT FL 34286</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>20020 VETERAN'S HWY #2 PORT CHARLOTTE FL 33954</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Andrew T Herko* DATE **4/22/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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