2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000035080

1. Entity Name

AZTEC FINANCIAL INVESTMENTS, INC.



03 APR -1 AM 6: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

170 MALAGA SUITE A ST. AUGUSTII 2. Principal F SUite, Apt.	Place of Business ACL Drive #, etc.	Mailing Address 170 MALAGA STREET SUITE A ST. AUGUSTINE FL 32084 3. Mailing Address Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Stat	e routine Fl	City & State St Augustin	e F/	4. FEI Number Applied For Not Applicable
3208 L	Country	Zip 32084	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Doug Randall Street Address (P.O. Box Number is Not Acceptable) 170 MALAGA STREET SUITE A ST. AUGUSTINE FL 32084 City Jf. Augustine 7. Name and Address of New Registered Agent Name Doug Randall Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 32086				
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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEMAN, JOHN L 170 MALAGA STREET SI-AUGUSTINE FL 32084	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Doug RANDA! Swillard Drive St Augustine, Fl Z2086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change RAddition Julie RAND+11. Swillard Drive It Augustine F1 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition 300018672553 05/09/0301051016 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition 300018672553 05/03/0301051017 **150.00
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-31-03