2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90006 034 ***150.00

DOCUMENT # P00000042269

1. Entity Name
TELCOR FINANCIAL CENTERS, INC.

Principal Place of Business	Mailing Address
265 SW PORT ST. LUCIE BLVD. SUITE 200 PORT ST LUCIE FL 34984	265 SW PORT ST. LUCIE BLVD. SUITE 200 PORT ST LUCIE FL 34984

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3340 S.E. Federal Hwy		3340 SE Federal Hwy	
Suite, Apt. #, etc.: 212		Suite, Apt. #, etc.: 212	
City & State: Stuart, FL		City & State: Stuart, FL	
Zip: 34997	Country: Martin	Zip: 34997	Country: Martin

4. FEI Number 65-1003878 ☐ Applied For ☐ Not Applicable

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
RABBITT, DAVID C 100 LEHANE TERRACE #9 NORTH PALM BEACH FL 33408	Name: Street Address (P.O. Box Number is Not Acceptable): 3340 S.E. Federal Hwy, # 212 City: Stuart FL Zip Code: 34997

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RABBITT, DAVID 100 LEHANE TERR #9 NORTH PALM BEACH FL 33408 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3340 S.E. Federal Hwy, #212 Stuart, FL 34997
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DAVID Rabbitt — 4/22/02 (561) 845-8198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)