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

DOCUMENT # P0000057023

1. Entity Name
HISTORIC FINANCIAL SERVICES, INC.

SIGNATURE:



1/1

FILED Feb 14, 2003 8:00 am Secretary of State

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Principal Plac 431 N. SUMM ORLANDO FL		s	431 N	Mailing Address 431 N. SUMMERLIN AVE. ORLANDO FL 32803													
2. Principal P	Tace to Busin	ness	3. Mai	3. Mailing Address												1	
Suite, Apt.	. #, etc.		Suit	te, Apt. #, etc.					ſ	🗆 сн	ECK HER	RE IF MAK	KING C	CHANGES	3		
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Zip		Country	-Zip.		Count	itry	-		Certificate o				Fe	8.75-Ad se Require	ditional		
	6. Name	e and Address of Current F	Registere	ad Agent				7. N	lame and A	Addres	s of New	Register	red Ag	ent		7	
					<u> </u>	Name								_		7	
	FREDERICK UMMERLIN	( E <u></u>   AVE.					Street Address (P.O. Box Number is Not Acceptable)										
	O FL 32803	•			,												
						City							FL	Zip Coo			
	e named entity tions of registe	ty submits this statement for stered agent.	the purpo	ose of changing its	registere	ad office or	r registere	ad age	int, or both	i, in the	State of F	Florida. I i	am fan	nillar with.	, and accep		
SIGNATURE _	Signature, typed	d or printed name of registered agent ar	and title if app	licable. (NOT)	E: Registere	ed Agent signet.	sture required	when rei	nstating)			DAI	NTE.				
After	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State			<del></del>					empaign F Contributi	Financing tion.			O May Be d to Fees		
10		OFFICERS AND D	DIRECTO	RS	11.			ADI	DITIONS/C	HANG	ES TO OF	FICERS A	AND D	RECTOR	S IN 11 _/	$\dashv$	
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12. I hereby ce indicated of the corp.	on this report poration or the	e information supplied with that or supplemental report is the receiver or trustee empowachment with an address, with	true and at wered to ex	accurate and that my execute this report a:	r the exeminy signatures require	mption state	lave the sai	ame ter	nal effect a	ag if mar	de under	nath that	t Lamia	an officer i	or director	1	