

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90157 022 ***158.75

DOCUMENT # P00000073763

1. Entity Name

MAHOGANY FINANCIAL SERVICES, INC.



Principal Place of Business

1240 MASON AVE
DAYTONA BEACH FL 32117

Mailing Address

184 WESTWOOD DRIVE
DAYTONA BEACH FL 32119

2. Principal Place of Business

~~1240 MASON AVE~~ 184 WESTWOOD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach FL

Zip

32117

Country

Volusia

Zip

Country

Country

4. FEI Number

59-3669940

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

GALLON, FARON L
184 WESTWOOD DRIVE
DAYTONA BEACH FL 32119

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 is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/03

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.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GALLON, FARON
STREET ADDRESS 184 WESTWOOD DR
CITY-ST-ZIP DAYTONA BEACH FL 32117

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP
NAME GALLON, KATHRYN
STREET ADDRESS 184 WESTWOOD DR
CITY-ST-ZIP DAYTONA BEACH FL 32119

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☐ 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 Faron L. Gallon 1/17/03 386 453-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)