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

## Jul 25, 2003 8:00 am **Secretary of State** P01000000238 DOCUMENT # 07-25-2003 90087 028 \*\*\*150.00 FINANCIAL PLACEMENTS, INC. Principal Place of Business Mailing Address 2671 EAST VINA DEL MAR BLVD. 2671 EAST VINA DEL MAR BLVD. ST. PETE BEACH FL 33706 ST. PETE BEACH FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3687608 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired $\Gamma$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nāme RUSSELL. DENNIS J Street Address (P.O. Box Number is Not Acceptable) 2671 EAST VINA DEL MAR BLVD. ST. PETE BEACH FL 33706 City 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 if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Change Addition RUSSELL, DENNIS J NAME NAME 2671 EAST VINA DEL MAR BLVD. STREET ADDRESS STREET ADDRESS ST. PETE BEACH FL 33706 CITY-ST-ZIP CITY-ST-ZIP SVD TITLE ☐ Delete TITLE ☐ Change Addition RUSSELL, JANICE M NAME NAME 2671 EAST VINA DEL MAR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETE BEACH FL 33706 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07/indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effects. of the corporation or the red ver or trustee empowered to execute this report as required by Chapter 607, Florida Stat. changed, or on an attachme

Florida Statutes. I further certify that the information if made under oath; that I am an officer or director nd that my name appears in Block 10 or Block 11 if

SIGNATURE: \

STREET ADDRESS

CITY-ST-ZIP

