

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90258 047 \*\*\*150.00

**DOCUMENT # P01000006231**

1. Entity Name  
**O'DANIEL FINANCIAL GROUP, INC.**

Principal Place of Business

**6511 NORTH "W" ST.  
PENSACOLA FL 32505**

Mailing Address

**6511 NORTH "W" ST.  
PENSACOLA FL 32505**

**360954**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5500 Pensacola Blvd**  
Suite, Apt. #, etc.

3. Mailing Address

**5500 Pensacola Blvd**  
Suite, Apt. #, etc.

City & State

**Pensacola FL**

City & State

**Pensacola FL**

4. FEI Number

**59-3696600**

Applied For

Not Applicable

Zip

**32505**

Country

**Escambia**

Zip

**32505**

Country

**Escambia**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DUKE, T. HARRISON  
400 GULF BREEZE PKWY, STE. 304  
GULF BREEZE FL 32561**

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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'DANIEL, MICHAEL S SR.	
STREET ADDRESS	1165 SUNSET LANE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VD	<input type="checkbox"/> Delete
NAME	O'DANIEL, CHARLES B	
STREET ADDRESS	3025 BAYVIEW WAY	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HAND, REBECCA	
STREET ADDRESS	5045 SOUNDSIDE DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 line empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-402**

**850 476-0388**

CR2E034 (9/01)