

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000087939

FILED  
Apr 27, 2002 8:00 AM  
Secretary of State

Entity Name: FINANCIAL PARTNERS, INC.

## Current Principal Place of Business:

4505 FERNCROFT CIRCLE  
TAMPA, FL 33629

## New Principal Place of Business:

904 ADDISON DRIVE NE  
ST. PETERSBURG, FL 33716

## Current Mailing Address:

4505 FERNCROFT CIRCLE  
TAMPA, FL 33629

## New Mailing Address:

904 ADDISON DRIVE NE  
ST. PETERSBURG, FL 33716

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, HAL R  
4505 FERNCROFT CIRCLE  
TAMPA, FL 33629

## Name and Address of New Registered Agent:

RITCHIE, LOUIS M  
904 ADDISON DRIVE NE  
ST. PETERSBURG, FL 33617

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: LOUIS M. RITCHIE

04/27/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JOHNSON, HAL R  
Address: 4505 FERNCROFT CIRCLE  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: RITCHIE, LOUIS M  
Address: 904 ADDISON DRIVE NE  
City-St-Zip: ST. PETERSBURG, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS M. RITCHIE

PD

04/27/2002

Electronic Signature of Signing Officer or Director

Date