

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90446 014 ***150.00

DOCUMENT # P01000094997

1. Entity Name

BUSINESS FINANCIAL SOLUTIONS CONSULTING,
INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10 JILL ALISON CIR.

Suite, Apt. #, etc.

3. Mailing Address

10 JILL ALISON CIR

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

Zip

32176

Country

USA

Zip

32176

Country

USA

4. FEI Number

59-3755141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GARY L. BALLARD, ATTORNEY

Street Address (P.O. Box Number is Not Acceptable)

500 N. OLEANDER AVE.

City

DAYTONA BEACH

FL

Zip Code

32118

**DO NOT WRITE
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME PETER L. DELONE
STREET ADDRESS 5 HIGH BLUFF WAY
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME JOYCE P. PEPIN
STREET ADDRESS 10 JILL ALISON CIRCLE
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE
NAME S/T TERRY K JOHNSON
STREET ADDRESS 451 TIMBERLANE DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JOYCE P PEPIN JOYCE P PEPIN

4/3/02

Date

(386) 441-8778

Daytime Phone #

CR2E034B (12/01)