2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003
Secretary of State

DOCUMENT# P01000114437

Entity Name: COLLEY FINANCIAL SERVICES, INC.

Current Principal Place of Business:

209 US HWY 27 SOUTH
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

209 US HWY 27 SOUTH
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 65-1158481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLLEY, FRANCES A
515 HIGHLANDS LAKE DRIVE
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COLLEY, FRANCES A
Address: 515 HIGHLANDS LAKE DR
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VD ( ) Delete
Name: COLLEY, JAMES A
Address: 1607 5TH ST
City-St-Zip: LAKE PLACID, FL 33852 US

Title: STD ( ) Delete
Name: COLLEY, SUSAN L
Address: 1607 5TH ST
City-St-Zip: LAKE PLACID, FL 33852 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COLLEY, SUSAN L
Address: 1607 FIFTH ST
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VD (X) Change ( ) Addition
Name: COLLEY, FRANCES A
Address: 515 HIGHLANDS LAKE DR
City-St-Zip: LAKE PLACID, FL 33852 US

Title: STD (X) Change ( ) Addition
Name: COLLEY, JAMES A
Address: 1607 FIFTH ST
City-St-Zip: LAKE PLACID, FL 33852 US

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: SUSAN L. COLLEY PD 09/09/2003

Electronic Signature of Signing Officer or Director — Date