

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90026 017 ***550.00

DOCUMENT # P02000016810

1. Entity Name
CENTRAL FLORIDA FINANCIAL GROUP, INC.



Principal Place of Business
2801 COLLEGE RD., STE. # 6
OCALA FL 34474

Mailing Address
2801 COLLEGE RD., STE. # 6
OCALA FL 34474



2. Principal Place of Business
2801 SW COLLEGE RD.
Suite, Apt. #, etc.
SUITE # 6

3. Mailing Address
2801 SW COLLEGE RD.
Suite, Apt. #, etc.
SUITE # 6

CHECK HERE IF MAKING CHANGES

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number
35-2160279

Applied For
Not Applicable

Zip Country
34474 USA

Zip Country
34474 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENAKER, JEFFREY A
2801 SW COLLEGE RD., STE. 8
OCALA FL 34474

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	RENAKER, JEFFREY A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2801 COLLEGE RD., STE. 8	OCALA FL 34474		
D	MOSLEY, TIMOTHY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2801 COLLEGE RD., STE. 8	OCALA FL 34474		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE OF JEFFREY A RENAKER Date: 7-31-03 Daytime Phone #: 352 861-5800

CR2E034 (4/03)