
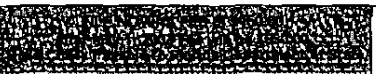


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000023255</b>																					
1. Entity Name <b>JP FINANCIAL NAVIGATOR, INC.</b>																					
Principal Place of Business 4681 MIRABELLA COURT ST. PETERSBURG, FL 33706		Mailing Address 4681 MIRABELLA COURT ST. PETERSBURG, FL 33706																			
2. Principal Place of Business <b>918 SNELL ISLE BLVD NE</b>		3. Mailing Address <b>P.O. BOX 8183</b>																			
City & State <b>ST. PETERSBURG FL</b>		City & State <b>SEMIWOLE FL</b>																			
Zip <b>33704</b>		Zip <b>33775</b>																			
County <b>Pinellas</b>		County <b>Pinellas</b>																			
4. FEI Number <b>42-1590611</b>		Applied For Not Applicable <input type="checkbox"/>																			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent <b>FITZPATRICK, SCOTT W C/O KIEPNER &amp; RENALDO, P.A. 146 SECOND STREET NORTH, SUITE 300 ST. PETERSBURG, FL 33701</b>		7. Name and Address of New Registered Agent																			
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 a registered agent.																					
SIGNATURE: 		DATE: _____																			
9. Election Campaign Financing True Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>PALOMBO, JAMES-THOMAS</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4681 MIRABELLA COURT</b></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td><b>ST. PETERSBURG, FL 33706</b></td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	<b>PALOMBO, JAMES-THOMAS</b>		STREET ADDRESS	<b>4681 MIRABELLA COURT</b>		CITY-STATE-ZIP	<b>ST. PETERSBURG, FL 33706</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>918 SNELL ISLE BLVD NE,</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>ST. PETERSBURG FL 33704</b></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>918 SNELL ISLE BLVD NE,</b>	STREET ADDRESS	<b>ST. PETERSBURG FL 33704</b>	CITY-STATE-ZIP	
TITLE	D	<input type="checkbox"/> Delete																			
NAME	<b>PALOMBO, JAMES-THOMAS</b>																				
STREET ADDRESS	<b>4681 MIRABELLA COURT</b>																				
CITY-STATE-ZIP	<b>ST. PETERSBURG, FL 33706</b>																				
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME	<b>918 SNELL ISLE BLVD NE,</b>																				
STREET ADDRESS	<b>ST. PETERSBURG FL 33704</b>																				
CITY-STATE-ZIP																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-STATE-ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-STATE-ZIP					
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-STATE-ZIP																					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME																					
STREET ADDRESS																					
CITY-STATE-ZIP																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-STATE-ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-STATE-ZIP					
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-STATE-ZIP																					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME																					
STREET ADDRESS																					
CITY-STATE-ZIP																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-STATE-ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-STATE-ZIP					
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-STATE-ZIP																					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME																					
STREET ADDRESS																					
CITY-STATE-ZIP																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-STATE-ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-STATE-ZIP					
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-STATE-ZIP																					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME																					
STREET ADDRESS																					
CITY-STATE-ZIP																					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on the return 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 the 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 or without the empowerment.

SIGNATURE: *James Thomas Palombo*      DATE: *4/22/03*

55041730



CHECK HERE IF MAKING CHANGES

CREC004 (10/02)