

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

**DOCUMENT # P02000023255**

1. Entity Name  
**JP FINANCIAL NAVIGATOR, INC.**



55041730

Principal Place of Business      Mailing Address  
 4681 MIRABELLA COURT      4681 MIRABELLA COURT  
 ST. PETERSBURG, FL 33706      ST. PETERSBURG, FL 33706

2. Principal Place of Business      3. Mailing Address  
**918 SNELL ISLE BLVD NE**      **P.O. BOX 8183**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State      City & State  
**ST. PETERSBURG FL**      **SEMIWOLE FL**

4. FEI Number      Applied For  
**42-1590611**      Not Applicable

Zip      County      Zip      County  
**33704**      **Pinellas**      **33775**      **Pinellas**

5. Certificate of Status Desired       \$5.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**FITZPATRICK, SCOTT W**  
**C/O KIEPNER & RENALDO, P.A.**  
**146 SECOND STREET NORTH, SUITE 300**  
**ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_

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	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PALOMBO, JAMES-THOMAS</b>		NAME: <b>918 SNELL ISLE BLVD NE,</b>	
STREET ADDRESS: <b>4681 MIRABELLA COURT</b>		STREET ADDRESS: <b>ST. PETERSBURG FL 33704</b>	
CITY-STATE-ZIP: <b>ST. PETERSBURG, FL 33706</b>		CITY-STATE-ZIP: <b>ST. PETERSBURG FL 33704</b>	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		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*

CREC004 (10/02)