FILED
May 12, 2003 8:00 am
Secretary of State
04-22-2003 90046 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000056059

1. Entity Name
M. RODRIGUEZ FINANCIAL SERVICES, INC.

[redacted]

55039502

Principal Place of Business
~~4826 TERRAPIN CT~~
~~MELBOURNE BCH, FL 32951~~

Mailing Address
~~4826 TERRAPIN CT~~
~~MELBOURNE BCH, FL 32951~~

2. Principal Place of Business: 5053 NW 70th AVE
Suite, Apt. #, etc.:
City & State: OCALA FL
Zip: 34482 Country: USA

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0605452 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HILL, REX
~~4826 TERRAPIN CT~~
~~MELBOURNE BCH, FL 32951~~
5053 NW 70th AVE
OCALA FL 34482

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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, REX ~~4826 TERRAPIN CT~~ ~~MELBOURNE BCH, FL 32951~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REX D. HILL 5053 NW 70th AVE OCALA FL 34482 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODRIGUEZ, MIGUEL AVE MANUEL V DOMENECH #112 HATO REY, PR 00918 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Rex D. Hill 4-19-03 352-622-3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)