2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90973 034 ***150.00

DOCUMENT # P02000072235

1. Entity Name
KARIB FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
2341 WEKIUA RIDGE ROAD APOPKA, FL 32712	2341 WEKIUA RIDGE ROAD APOPKA, FL 32712

2. Principal Place of Business	3. Mailing Address
2341 WEKIVA RIDGE ROAD	P.O. BOX 300635
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FL	City & State: FERN PARK, FL
Zip: 32712 Country: U.S.A.	Zip: 32730 Country: U.S.A.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 45-0484161 ☐ Applied For ☐ Not Applicable

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
WILLIAMS, ODIS 605 N. LAKE BLVD. #25 ALMONTE SPRIONGS, FL 32701	Name: Odis Williams Street Address (P.O. Box Number is Not Acceptable): 622 Renaissance Pointe Apt 306 City: Altamonte Springs FL Zip Code: 32714

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: Odis Williams 3/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ODIS, WILLIAMS 605 N. LAKE BLVD. #25 ALTAMONTE SPRINGS,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Odis Williams 622 Renaissana Pointe Apt. 306 Altamonte Springs, FL 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSS, WAYNE 2341 WEKIUA RIDGE RD. APOKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wayne Ross 2341 Wekiva Ridge Road APOPKA, FL 32712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Director~~ ~~Norman Williams Jr.~~ ~~2127 Shadow~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Norman Williams, Jr 2127 Shadow View Circle Maitland FL 32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Odis Williams 3/30/03 407 310-2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #