

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0039401 AV

DOCUMENT # P02000085672



FILED

03 MAY -16 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
1STPALM FINANCIAL, INC.

Principal Place of Business
4905 BELFORT RD STE 110
JACKSONVILLE FL 32256

Mailing Address
4905 BELFORT RD STE 110
JACKSONVILLE FL 32256



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INTERSTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE STE 3000
MIAMI FL 33131

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

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 Delete
NAME **D**
STREET ADDRESS **MACKEY, ANN R**
CITY-ST-ZIP **4905 BELFORT RD STE 110**
JACKSONVILLE FL 32256

TITLE Change Addition
NAME
STREET ADDRESS **600019188656**
CITY-ST-ZIP **05/16/03--01074--013 **250.00**

TITLE Delete
NAME **D**
STREET ADDRESS **LAREN, PHILIP G**
CITY-ST-ZIP **4905 BELFORT RD STE 110**
JACKSONVILLE FL 32256

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael J. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03 907-281-5053
Date Daytime Phone #

CR2E034 (10/02)