

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90065 008 \*\*\*550.00

0526966 AV

<b>DOCUMENT #</b> P02000105379	
--------------------------------	---

<b>1. Entity Name</b> KAZWELL FINANCIAL SERVICES, INC.	<b>Principal Place of Business</b> 2395 TAMAMI TRAIL SUITE 17 PORT CHARLOTTE FL 33952	<b>Mailing Address</b> 2395 TAMAMI TRAIL SUITE 17 PORT CHARLOTTE FL 33952
---	--	--

<b>2. Principal Place of Business</b> 2395 Tamiami Tr # Suite, Apt. #, etc. #17	<b>3. Mailing Address</b> S/A Suite, Apt. #, etc.
--	---

<b>City &amp; State</b> Port Charlotte, FL	<b>City &amp; State</b>
<b>Zip</b> 33952	<b>Country</b> Charlotte

☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 81-0573003	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> KAZWELL, STANLEY J JR. 600 CHAMBER STREET PORT CHARLOTTE FL 33948	<b>7. Name and Address of New Registered Agent</b> Name S/A 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** 7-8-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P	<b>NAME</b> KAZWELL, STANLEY J JR. <b>STREET ADDRESS</b> 600 CHAMBER STREET <b>CITY-ST-ZIP</b> PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP	<b>NAME</b> KAZWELL, STANLEY J SR. <b>STREET ADDRESS</b> 600 CHAMBER STREET <b>CITY-ST-ZIP</b> PORT-CHARLOTTE-FL 33948	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **DATE** 7-8-03 **DAYTIME PHONE #** 941-625-0015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)