FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91442 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00115430

DOCUMENT # P02000110651

1. Entity Name
FIRST TRUST FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~852 FIRST AVE. SOUTH, #103~~	852 FIRST AVE. SOUTH, #103
NAPLES, FL 34102	NAPLES, FL 34102

2. Principal Place of Business	3. Mailing Address
2316 Elizabeth	2316 Elizabeth CT
Suite, Apt. #, etc. CT	Suite, Apt. #, etc. Naples, FL
City & State Naples FL	City & State 34112
Zip / Country Collier	Zip 34112 Country Collier

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 37-1452808 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KNUDSON, DONALD F
852 FIRST AVE. SOUTH, #103
NAPLES, FL 34102

7. Name and Address of New Registered Agent
Name: Knudson Donald F
Street Address (P.O. Box Number is Not Acceptable): 2316 Elizabeth CT
City: Naples FL Zip Code 34112

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

FILE ANNUAL REPORT: 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KNUDSEN, DONALD F	NAME	
STREET ADDRESS	852 FIRST AVE. SOUTH, #103	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Donald F Knudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #