




FILED
Jun 20, 2003 8:00 am
Secretary of State

06-09-2003 90122 001 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

| | | | |
|---|--|---|--|
| DOCUMENT # P02000126064 | |  | |
| 1. Entity Name FINANCIAL AFFILIATES, INC. | | | |
| Principal Place of Business 5010 SW 2ND AVENUE OCALA, FL 34474 | | Mailing Address 5010 SW 2ND AVENUE OCALA, FL 34474 | |
| 2. Principal Place of Business 3501 NE 10TH ST Suite, Apt. #, etc. # 215 City & State Ocala, FL Zip 34470 Country USA | | 3. Mailing Address 3501 NE 10TH ST Suite, Apt. #, etc. # 215 City & State Ocala, FL Zip 34470 Country USA | |
| 4. (FEI) Number 81-0586002 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent LAMMERS, MICHAEL 5010 SW 2ND AVENUE OCALA, FL 34474 | | 7. Name and Address of New Registered Agent Name LAMMERS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 3501 NE 10TH ST City Ocala FL Zip Code 34470 | |
| 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 6-5-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| | LAMMERS, MICHAEL 5010 SW 2ND AVENUE OCALA, FL 34474 | | |
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| | | | |
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| | | | |
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| | | | |
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| | | | |
| 11. ADDITIONAL OFFICERS AND DIRECTORS | | | |
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| | Secretary / Treasurer LAMMERS, ELAINE 3501 NE 10TH ST OCALA, FL 34470 | <input checked="" type="checkbox"/> Addition | |
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | PRESIDENT LAMMERS, MICHAEL 3501 NE 10TH ST OCALA, FL 34470 | | |
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | |
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | |
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP | <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 907, 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 6-5-03 800 376-3883 <small>Signature and typed or printed name of signing officer or director</small> | |

55049301

PO2000126064

June 6, 2003

Divisions of Corporations
409 East Gaines Street
Tallahassee, FL 32399

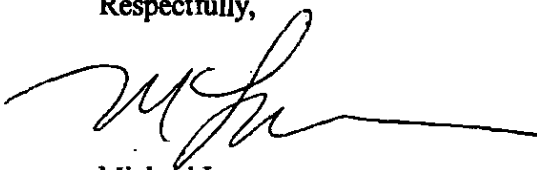
To Whom It May Concern:

I am writing this department to apologize for not timely filing this report. We registered financial Affiliates late last year and this is our first venture in a company. We do not recall receiving this information in the mail and if it was not for the company that helped me incorporate, we would not have even known this was required.

We are still setting up our business and have just found space that we have leased, the updated information is enclosed. We are hoping to start our first business transactions in the very near future.

Please accept our apologies for this late filing and if you could overlook the penalty fees, that would be very helpful.

Respectfully,



Michael Lammers
Financial Affiliates, Inc.