

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 06, 2003 8:00 am
Secretary of State

05-01-2003 90410 040 ***150.00

DOCUMENT # P02000126530

1. Entity Name

THE FINANCIAL CENTER OF NORTH FLORIDA, INC.



Principal Place of Business

4711 HWY 17 STE B2-1
ORANGE PK FL 32003

Mailing Address

4711 HWY 17 STE B2-1
ORANGE PK FL 32003

55046773



2. Principal Place of Business

1728 Kingsley Ave.
Suite, Apt. #, etc.
190

3. Mailing Address

P.O. Box 8820
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Orange Park, FL

City & State

Orange Park, FL

4. FEI Number

37-1449903

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

32006

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BLEVINS, LARRY J

4711 HWY 17 STE B2-1

ORANGE PK FL 32003

3684 Baltusrol Ct.
Green Cove Springs, FL 32043

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

TITLE ☐ Delete
NAME **P BLEVINS, LARRY J**
STREET ADDRESS **4711 HWY 17 STE B2-1 3684 BALTUSROL CT**
CITY-ST-ZIP **ORANGE PK FL 32003 GREEN COVE SPRINGS, FL 32043**

TITLE ☐ Delete
NAME **ST BLEVINS, MARSHA C**
STREET ADDRESS **4711 HWY 17 STE B2-1 3684 BALTUSROL CT**
CITY-ST-ZIP **ORANGE PK FL 32003 GREEN COVE SPRINGS, FL 32043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **FL 32043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **FL 32043**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Larry J Blevins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03
Date

904-264-2274
Daytime Phone #

CR2E034 (10/02)