

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90694 038 \*\*\*150.00

**DOCUMENT # P02081**

1. Entity Name  
**UVEST FINANCIAL SERVICES GROUP, INC.**



Principal Place of Business  
**128 S TRYON ST STE 1340**  
**PO BOX 32757**  
**CHARLOTTE NC 28202**

Mailing Address  
**128 S TRYON ST STE 1340**  
**PO BOX 32757**  
**CHARLOTTE NC 28202**

2. Principal Place of Business

**200 South College St.**

Suite, Apt. #, etc.  
**21st Floor**

City & State  
**Charlotte, NC**

Zip  
**28202**

Country  
**US**

3. Mailing Address

**200 South College St.**

Suite, Apt. #, etc.  
**21st Floor**

City & State  
**Charlotte, NC**

Zip  
**28202**

Country  
**US**

70000710



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **56-1210987**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUTRAN, MARK**  
**238 OLD HIGHWAY 98**  
**DESTIN FL 32541**

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO</b> <b>ROBINSON, JOHN HENRY JR.</b> <b>270 COVILLE RD.</b> <b>CHARLOTTE NC 28207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>ARNOLD, DAN H</b> <b>2400 VERNON DRIVE</b> <b>CHARLOTTE NC 28211</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>VINES, MICHAEL L</b> <b>2600 OXBOROUGH DR.</b> <b>MATTHEWS NC 28105</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PAYNE, TERRI L</b> <b>11425 VISTA HAVEN DRIVE</b> <b>CHARLOTTE NC 28226</b>	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>ARNOLD, DAN H</b> <b>314 FENTON</b> <b>CHARLOTTE, NC 28207</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>VINES, MICHAEL L</b> <b>9300 TILLOT DRIVE</b> <b>MATTHEWS, NC 28105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Payne, Terri L</b> <b>2100 Chesterfield AVE</b> <b>Charlotte, NC 28205</b>	<input checked="" 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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 9, 2003**

Date

**7043484148**

Daytime Phone #

CR2E034 (10/02)