

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90196 009 \*\*\*150.00

**DOCUMENT # P18491**

1. Entity Name  
**SAAB FINANCIAL SERVICES CORP.**



Principal Place of Business  
**17500 CHENAL PARKWAY  
SUITE 300  
LITTLE ROCK AR 72223**

Mailing Address  
**17500 CHENAL PARKWAY  
SUITE 300  
LITTLE ROCK AR 72223**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1221648**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GIBSON, JOHN E</b>	
STREET ADDRESS	<b>200 RENAISSANCE CENTER</b>	
CITY-ST-ZIP	<b>DETROIT MI 48265-2000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VAN ORMAN, JEROME B JR</b>	
STREET ADDRESS	<b>200 RENAISSANCE CENTER</b>	
CITY-ST-ZIP	<b>DETROIT MI 48265-2000</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PRITCHARD, TOMMY E</b>	
STREET ADDRESS	<b>17500 CHENAL PARKWAY STE 201</b>	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72223-9131</b>	
TITLE	<b>DEVC</b>	<input type="checkbox"/> Delete
NAME	<b>VOSS, LINDA I</b>	
STREET ADDRESS	<b>17500 CHENAL PARKWAY STE 201</b>	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72223-9131</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>QUENNEVILLE, CATHY L</b>	
STREET ADDRESS	<b>200 RENAISSANCE CENTER</b>	
CITY-ST-ZIP	<b>DETROIT MI 48265-2000</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>BORCHERT, SYLVIA L</b>	
STREET ADDRESS	<b>17500 CHENAL PARKWAY STE 201</b>	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72223-9131</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Sylvia Borchert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvia Borchert

3/31/03

501-821-8110

Date

Daytime Phone #

CR2E034 (10/02)