

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000065624**

1. Entity Name

**ALL THINGS FINANCIAL INC.****FILED****Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90072 029 \*\*\*550.00

Principal Place of Business

**5124 SW 13TH AVENUE  
CAPE CORAL FL 33914**

Mailing Address

**450 GEARS ROAD SUITE 770  
HOUSTON TX 77067  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0437020**☒ Applied For☐ Not Applicable5. Certificate of Status Desired: ☐ **\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be**  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete  
NAME **FRANK, DAVID B**  
STREET ADDRESS **5555 SAN PHILIP, STE 575**  
CITY-ST-ZIP **HOUSTON TX 77056**TITLE **P** ☐ Delete  
NAME **DELITY, DANIEL A**  
STREET ADDRESS **5555 SAN FELIPE #575**  
CITY-ST-ZIP **HOUSTON TX 77056**TITLE **VPS** ☐ Delete  
NAME **ELLSWORTH, JAMES W**  
STREET ADDRESS **5555 SAN FELIPE #575**  
CITY-ST-ZIP **HOUSTON TX 77056**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **450 GEARS ROAD, STE. 770**  
CITY-ST-ZIP **HOUSTON, TX 77067**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **450 GEARS RD, STE. 770**  
CITY-ST-ZIP **HOUSTON, TX 77067**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **450 GEARS RD, STE 770**  
CITY-ST-ZIP **HOUSTON, TX 77067**TITLE ☐ Change ☒ Addition  
NAME **CONTROLLER**  
STREET ADDRESS **AARIN K. HEJLE**  
CITY-ST-ZIP **450 GEARS RD, STE 770**  
**HOUSTON, TX 77067**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 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

Date

Daytime Phone #

**281-953-4070**

CR2E034 (5/00)