

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90505 028 ***150.00

DOCUMENT # P93000071315

1. Entity Name
NATIONS FINANCIAL, INC.



Principal Place of Business
**6721 NORWOOD AVE
JAX FL 32208
US**

Mailing Address
**6721 NORWOOD AVE
JAX FL 32208
US**



2. Principal Place of Business
**10769 Beach Blvd
Suite, Apt. #, etc. 12
City & State Jacksonville, FL**

3. Mailing Address
**10769 Beach Blvd
Suite, Apt. #, etc. 12
City & State Jacksonville, FL**

Zip **32246** Country **USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0445397** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**MANCINI, JOHN H
216 NW 42ND TERRACE
PLANTATION FL FL333-17**

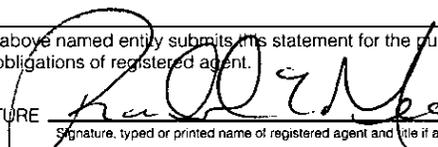
7. Name and Address of New Registered Agent

Name **Ronald E. Moore**

Street Address (P.O. Box Number is Not Acceptable)
10769-12 Beach Blvd.

City **Jacksonville** FL Zip Code **32246**

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  **Ronald E. Moore** DATE **1/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PVTS	<input checked="" type="checkbox"/> Delete
NAME MANCINI, JOHN H	
STREET ADDRESS 216 NW 42ND TERRACE	
CITY-ST-ZIP PLANTATION FL	
TITLE V	<input type="checkbox"/> Delete
NAME RONALD E MOORE	
STREET ADDRESS 6721 NORWOOD AVENUE	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ronald E. Moore	
STREET ADDRESS 10769-12 Beach Blvd.	
CITY-ST-ZIP Jacksonville, FL 32246	
TITLE PVTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Tim Deegan	
STREET ADDRESS 10769-12 Beach Blvd.	
CITY-ST-ZIP JACKSONVILLE, FL. 32246	
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	
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:  **Ronald E. Moore** DATE **1/14/03** Daytime Phone # **904482-1600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E034 (10/02)