

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

3. Mailing Address

10769 Beach Blvd
Suite, Apt. #, etc.
12

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

Country

32246 USA

Zip

Country

32246 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 333-17

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

Ronald E. Moore

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

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** ☒ Delete
NAME **MANCINI, JOHN H**
STREET ADDRESS **216 NW 42ND TERRACE**
CITY-ST-ZIP **PLANTATION FL**

TITLE **V** ☐ Delete
NAME **RONALD E MOORE**
STREET ADDRESS **6721 NORWOOD AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **President** ☒ Change ☐ Addition
NAME **Ronald E. Moore**
STREET ADDRESS **10769-12 Beach Blvd.**
CITY-ST-ZIP **Jacksonville, FL 32246**

TITLE **PVTS** ☐ Change ☒ Addition
NAME **Tina Degnan**
STREET ADDRESS **10769-12 Beach Blvd.**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald E. Moore **1/14/03** **904482-1600**
Date Daytime Phone #

CR2E034 (10/02)