2002 Uniform Business Report (UBR)

with an address, with all other

SIGNATURE:

Mar 12, 2002 8:00 am § Secretary of State DOCUMENT # P94000036979 1. Entity Name 03-12-2002 90266 044 ***150.00 LARRY B. RASH FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 2180 PARK AVENUE NORTH 2180 PARK AVENUE NORTH **SUITE #322** SUITE #322 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State pplied For City & State 4. FEI Number 59-3245610 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent rash. Larry-b 255 SOUTH ORANGE AVENUE **SUITE 880** ORLANDO FL 32801 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **DPVS** ☐ Defete TITLE Change ☐ Addition CR2E034 (9/01 NAME RASH, LARRY B NAME STREET ADDRESS 2180 PARK AVENUE NORTH SUITE #322 STREET ADDRESS CITY-ST-7IP WINTER PARK FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE _ Delete _ TITLE [] Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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