2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400036979

1. Entity Name

LARRY B. RASH FINANCIAL SERVICES, INC.



FILED Mar 11, 2003 8:00 am Secretary of State

03-11-2003 90148 026 ***150.00

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Principal Place of Business 2180 PARK AVENUE NORTH SUITE #322 WINTER PARK FL 32789 US 2. Principal Place of Business		Mailing Address 2180 PARK AVENUE NORTH SUITE #322 WINTER PARK FL 32789 US 3. Mailing Address				
		or maning reduced				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3245610	Applied For Not Applicable	
Zip	Country	Zip	Country		\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent		
DACH LADDY D			Name			
RASH, LARRY B 2180 PARK AVE N. STE 322			Street Address (P.O. Box Number is Not Acceptable)			
WINTER PARK FL 32789						
			City	FL	Zip Code	
8. The above	e named entity submits this statement for the	ne purpose of changing its	I registered office or regist	ered agent, or both, in the State of Florida. I am f	amiliar with, and accept	
SIGNATURE .	Signature, typed or printer name of registered agent and	title flapplicable. (NOT	E: Registered Agent signature requir	Lash 1/34/ red when reinstating) DATE	03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			1550	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIS	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	DPVS RASH, LARRY B 2180 PARK AVENUE NORTH SUI	☐ Delete TE #322	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP			
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Name		·	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

0/24/03 427

477-599-9485 Daylime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition