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

## P94000067493 DOCUMENT #

1. Entity Name

SETON FINANCIAL, INC.



## **FILED** Mar 19, 2003 8:00 am \$ Secretary of State 03-19-2003 90099 040 \*\*\*150.00

(

Principal Place of Business LA FONTANA 405 NORTH 2003 NORTH OCEAN BLVD. BOCA RATON FL 33431		Mailing Address LA FONTANA 405 NORTH 2003 NORTH OCEAN BLVD. BOCA RATON FL 33431								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			ı ibbətiqət iyin ibtii bibit barti balii bi	III EBIIO BII	AE HOMEN GANA	0 (0)06 ())) (46)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	de	City & State			4. FEIN	4. FEI Number 22-3256507			Applied For	
Žip	Country	Zip	Cour	try	5. Certi			\$8.75 Additional ee Required		
6. Name and Address of Current Registered Agent					7 Nam	e and Address of New Regi	stered Aç	ent		
CT CODD	ORATION SYSTEM			Name						
			Street Addre			ss (P.O. Box Number is Not Acceptable)				
	JTH PINE ISLAND ROAD					, n. e.				
PLANTATI	ON FL 33324									
				City			FL	Zip Cod	de	
8. The above	named entity submits this statemer	nt for the purpose of changing it	ts register	ed office or regi	istered agent,	or both, in the State of Florida	. I am far	niliar with	, and accept	
the obligat	tions of registered agent.			•	_					
SIGNATURE .										
	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registere	Agent signature rec	quired when reinstati	ing)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					,	Election Campaign Financ     Trust Fund Contribution,	ing 🛘		00 May Be of to Fees	
10.	OFFICERS A	ND DIRECTORS	11.		ADDITI	ONS/CHANGES TO OFFICER	RS AND D	RECTOF	RS IN 11	
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12. I hereby certify that the information supplied with this filling does not qualify for the ex				ST-ZIP	0-11-11-	7/0V/) FI 11 5				
i nëreby C	orany anacane initormation supplied v	vito tous thing goes not quality to	a trie exer	nuuon stated in	າ ລection 119.0	77.300 Florida Statutes I furti	ner certify	that the is	ntormation	

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 bustee 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:

AWARNCE