

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078147

1. Entity Name

KROLL FINANCIAL SERVICES, INC.

Principal Place of Business  
5445 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33308

Mailing Address  
5445 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Carl M. Kroll  
Street Address (P.O. Box Number is Not Acceptable)  
5445 North Federal Highway  
City Fort Lauderdale FL Zip Code 33308

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VP  
NAME KROLL, DEBRA L  
STREET ADDRESS 2229 W HILLSBORO BLVD  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE President-Owner  
NAME Kroll, Carl M.  
STREET ADDRESS 5445 N Federal Highway  
CITY-ST-ZIP Fort Lauderdale, Florida 33308

TITLE Licensed Mortgage Broker  
NAME Klingner, Troy  
STREET ADDRESS 5445 N Federal Highway  
CITY-ST-ZIP Fort Lauderdale, Florida 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 23, 2001 954-771-7300  
Date Daytime Phone #

FILED  
Mar 01, 2001 8:00 am  
Secretary of State

03-01-2001 91351 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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