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

## DOCUMENT # P95000014209

1. Entity Name

O'BRYAN FINANCIAL SERVICES, INC.



## FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90033 034 \*\*\*150.00

|  |                                       |                                   |                       |  |                                  | WE TE                                       |  |   |          |                |                               |        |
|--|---------------------------------------|-----------------------------------|-----------------------|--|----------------------------------|---|--|---|----------|----------------|-------------------------------|--------|
| Principal Place of Business<br>34 FAIRWAY DRIVE<br>DEBARY FL 32713   |                                       |                                   | 34 FA                 | Mailing Address<br>34 FAIRWAY DRIVE<br>DEBARY FL 32713 |                                  |   |  |   |          |                |                               |        |
| 2. Principal Place of Business   |                                       |                                   | 3. Mail               | 3. Mailing Address                                     |                                  |   |  |   |          |                |                               |        |
| Suite, Apt. #, etc.  |                                       |                                   | Suite                 | Suite, Apt. #, etc.                                    |                                  |   |  | ☐ CHECK HERE IF MAKING CHANGES                      |          |                |                               |        |
| City & State   |                                       |                                   | City                  | City & State   |                                  |   | 4.                                       | 4. FEI Number 59-3297150                            |          |                | oplied For<br>ot Applicable   | 7      |
| Zip Country  |                                       |                                   | Zip                   |  | Count                            | ry .  |  |   |          | \$8.75 Add     | 3.75 Additional<br>e Required |        |
| 6. Name and Address of Current Registered Agent  |                                       |                                   |                       |  |                                  | 7. Name and Address of New Registered Agent |  |   |          |                |                               |        |
|  |                                       |                                   |                       |  |                                  | Name  |  |   |          | • •            |                               | ]      |
| O'BRYAN<br>34 FAIRW  |                                       |                                   |                       | Street Ac  |                                  |   | ress (P.O. Box Number is Not Acceptable) |   |          |                |                               | 1      |
| DEBURY I   |                                       |                                   |                       |  |                                  |   |  |   |          |                |                               |        |
|  |                                       |                                   |                       |  | Ì                                | City  |  |   | FL       | Zip Cod        | е                             |        |
|  | ions of regist                        | ered agent.                       |                       |  |                                  |   |  | ent, or both, in the State of Flo                   |          | familiar with, | and accept                    |        |
|  | Signature, typed                      | or printed name of registered age | ent and title if appl | licable. (NOTE   | : Registered                     | Agent signature requ                        | uired when n                             | einstating)   | DATE     |                |                               |        |
| 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 Fin<br>Trust Fund Contribution | n.       | Added          | 00 May Be<br>d to Fees        |        |
| 10.  |                                       | OFFICERS AN                       | ID DIRECTO            | RS   | 11.                              | · · · · · · · · · · · · · · · · · · ·       | ΑE                                       | DITIONS/CHANGES TO OFF                              | CERS AND | DIRECTOR       | S IN 11                       | ] .    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>O'BRYAN,<br>34 FAIRW<br>DEBURY F | ay dr                             |                       | ☐ Delete   |                                  | T ADDRESS<br>ST-ZIP                         |  |   |          | ☐ Change       | Addition                      | 00/07/ |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                       |                                   |                       | □ Delete   |                                  | T ADDRESS<br>ST-Zip                         |  |   |          | ☐ Change       | Addition                      |        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | tap may                               | •                                 |                       | ☐ Delete   | TITLE<br>NAME<br>STREE<br>CITY-S | T ADDRESS<br>ST-ZIP                         |  |   |          | ☐ Chánge       | Addition                      |        |
| TITLE<br>NAME<br>STREET ADDRESS .<br>CITY-ST-ZIP   |                                       |                                   |                       | Delete   | TITLE<br>NAME<br>STREE<br>CITY-5 | T ADDRESS                                   |  |   |          | ☐ Change       | Addition                      |        |
| TITLE<br>HAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                       |                                   |                       | ☐ Delete   | TITLE<br>NAME<br>STREE<br>CITY-S | T ADDRESS<br>ST-ZIP                         |  |   |          | ☐ Change       | ☐ Addition                    |        |
| ITLE<br>IAME<br>STREET ADDRESS<br>DITY-ST-ZIP  |                                       |                                   |                       | □ Delete   | TITLE NAME STREE CITY-S          | I ADDRESS<br>ST-ZIP                         |  |   |          | ☐ Change       | Addition                      |        |

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:

MATURE AND TYPED OF PRINTED NAME OF STEMAN SPICER OF DIRECTOR

/4/03 Date

386-668-2528 Daytime Phone #