## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000101884

1. Corporation Name

STATEWIDE FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90116 046 \*\*\*158.75

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					1				
307 EAST MAR		307 EAST MARION AV			į				
PUNTA GORDA	FL 33950	PUNTA GORDA FL 33	950			DO NOT W	RITE IN THIS S	PACE	
					3. Date I	ncorporated or Qualife			
					I	6/1996			ļ
2 Principal P	lace of Business	2a. Mailing Address			4. FEIN				Applied For
(	Vascostreet #1	— ~ ·	1210 2		65-0	716920			Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc						\$8.75	Additional
22 Punt			Gordo	. F	lã . 5. Certifo	cate of Status Desired	<b></b>		Required -
City & State		City & State	<u> </u>	<u>.                                    </u>		on Campaign Financin	9 🗔	\$5.0	0 May Be
23		28				Fund Contribution	* D	Adde	to Fees
Zip	Country	Zip	Cou	ntry	8. This c	orporation owes the ci	urrent year Intai	ngible	
Zip 24 3 3	950 25 USA	29 33951	30	USA	l l	nal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10, Name	and Address of Nev	Registered A	gent	
				81 Name					
	rts, jose p			82 Street	Address (P.O. Bo	x Number is Not Acce	ptable)		
	EAST MARION AVENUE			I I		contrect	_#	119	
PUN	ITA GORDA FL 33950			83					ĺ
				84 City				85 Zij	Code
				1 1	Punta	Gorda	FL		3950
11. Pursuant	to the provisions of Sections 60 05 egistered agent, or both; in the State m familiar with, and accept the oblig	02 and 607.1508, Florida S	tatutes, the a	bove-named	corporation subm	its this statement for t	he purpose of c	hanging i	ts registered
office or r	egistered agent, or both, in the State	e of Florida. Such change vertions of Section 607.0505	/as authorized i. Florida Stat	t by the corp utes.	oration's board of	directors. I hereby acc	cept the appoint	ment as	registered
	III lamillar with, and accept the bong	Substantial Confession Confession	Geer		P		1-25-	199	9
ŞIGNATURE	Signature, typed of printed name of registered ag	ent and the if applicable.	(NOTE: Registered	Agent signature	required when reinstating	)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDIT	ONS/CHANGES TO	DEFICERS AND		
TITLE	PVST	☐ DELET	Έ 1.1 TI	TLE				Change	e
NAME	GEERTS, ELIZABETH A.		1.2 N	AME					j
STREET ADDRESS	706 WEST MARION AVE.		1.3 \$	TREET ADDRESS					
CITY-ST-ZIP	PUNTA GORDA FL	<u>.</u>	1.4 C	TY-ST-ZIP	<u> </u>		<u> </u>		
TITLE		☐ DELET	E 2.1 TI	TLE				Chang	e 🗀 Addition
NAME			2.2 N	AME		•			J
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CITY-ST-ZIP				TY-ST-ZIP					
TITLE		☐ DELET			<del>                                     </del>			Change	e 🔲 Addition
NAME	<i>i</i> .		5.2 N			•			. ]
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				TY-ST-ZIP					-
CITY-ST-ZIP	<del></del>	DELE			<del>                                     </del>	<del></del>		☐ Chang	e 🔲 Addition
NAME		<del></del>	6.2 N	AME .				, -	1
		•	6,3 S	TREET ADORESS				,*	
STREET ADDRESS	ì			TY-ST-7!P					.

14. 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 annual report or supplemental annual 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 exporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NING OFFICER OR DIRECTOR