# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 20, 2004 8:00 am**
**Secretary of State**

02-20-2004 90018 005 ***150.00

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01052004 Chg-P CR2E034 (10/03)

DOCUMENT # P97000003439

1. Entity Name
UNITED TRUST FINANCIAL SERVICES INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~P O BOX 12373~~<br>~~ST. PETERSBURG, FL 33733~~ | PO BOX 20082<br>TAMPA, FL 33622 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| PO Box 20082 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Tampa, FL | City & State |
| Zip: 33622 Country: Hillsborough | Zip Country |

4. FEI Number: 59-3418606 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BURNS JR, THOMAS J<br>2842 16TH AVE N.<br>ST. PETERSBURG, FL 33712 | Name: John A. SELLAS<br>Street Address (P.O. Box Number is Not Acceptable): 4532 W. Kennedy Blvd #281<br>City: Tampa FL Zip Code: 33622 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John A Sellas 2-14-04
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE | ST ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | SELLAS, JOHN A. | NAME | |
| STREET ADDRESS | PO BOX 20082 | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 33622 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
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| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| 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.

**SIGNATURE:** John A. Sellas 2-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #