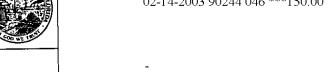
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P97000010367 **DOCUMENT #**

1. Entity Name

## **FILED** Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90244 046 \*\*\*150.00



CORNERSTONE FINANCIAL CONCEPTS, INC.					<i> </i>   						
Principal Place of Business 909 MARWALT DR #1022 FORT WALTON BEACH FL 32547  Mailing Address 33 BIRCH AVENUE SHALIMAR FL 32579											
us 2. Principal Pla	ipal Place of Business 3. Mailing Address							<b>                    </b>	1111 1841 1881		
Suito Ant 4	Suite Act # etc Suite, Apt. #, etc.						` ☐ CHECK HERE I	F MAKING (	CHANGES		
Suite, Apt. #, etc.											
City & State		City &	City & State			4. FE	59-3435713			Applicable	
Zip	Zip Country Zip		Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
<u> </u>	6. Name and Address of Current	Registered	Agent				ame and Address of New Ro	egistered A	gent	-	Į
	255 A Q. +3+1 =	•			Name : 5		•				1
RIGGENB/	# 19 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1			ĺ	Street Address	s (P.O. Bo	x Number is Not Acceptable	)			
909 MAR 1	WALT DR			-					-		İ
	ON BEACH FL 32597				City			FL	Zip Code		
the obligati	named entity submits this statement from of registered agent.  Signature, typed or printed name of registered agent.	RI6	GENBA	C#_	ed office or regis	1//	ert, or both, in the State of Flo	rida. I am fa	amiliar with, a	and accept	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State					Election Campaign Fir Trust Fund Contributio	n. 🗆	Added	May Be I to Fees	
10.	OFFICERS AND	DIRECTOR		11.		ADI	DITIONS/CHANGES TO OFF	ICERS AND	☐ Change	☐ Addition	ବ୍ଧ
NAME STREET ADDRESS CITY-ST-ZIP	PED RIGGENBACH, ERIC D. 33 BIRCH AVENUE SHALIMAR FL 32579		☐ Delete								CR2F034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OTPENDATE SECTO	-	☐ Delete						☐ Change	Addition	3
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete - · ·						Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	1	1				☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS			☐ Delete	TITL NAM STR	LE				Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		-	☐ Delete	TITI NAN STF	LE ME REET ADDRESS Y-ST-ZIP				☐ Change	Addition	
12. I hereby	certify that the information supplied w	ith this filing	does not qualify for	r the ex	emption stated i	n Section	119.07(3)(i), Florida Statutes	, I further cell coath: that Li	rtity that the am an office	information r or director	

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 an other like empowered.

SIGNATURE: