

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90189 049 ***150.00

DOCUMENT # P97000019996

1. Entity Name
NATIONAL FINANCIAL SYSTEMS, INC.



Principal Place of Business
8895 N. MILITARY TRAIL
100C
PALM BEACH GARDENS FL 33410

Mailing Address
8895 N. MILITARY TRAIL
100C
PALM BEACH GARDENS FL 33410

2. Principal Place of Business
1400 NORTHPOINT PARKWAY

3. Mailing Address
1400 NORTHPOINT PARKWAY

Suite, Apt. #, etc.
SUITE 20

Suite, Apt. #, etc.
SUITE 20

City & State
WEST PALM BEACH, FL 33407

City & State
WEST PALM BEACH, FL 33407

Zip
Country

Zip
Country

4. FEI Number **11-2321220**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

SCOTT, ALAN F JR
25F LEXINGTON LN WEST
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ **Delete**
NAME **HERNANDEZ, ROBERT H**
STREET ADDRESS **386 MAHOGANY PT**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **VS** ☐ **Delete**
NAME **KENNEDY, GEORGE W**
STREET ADDRESS **865 BROADWAY AVE APT 75B**
CITY-ST-ZIP **HOLBROOK NY 11741**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☒ **Change** ☐ **Addition**
NAME **KENNEDY, GEORGE W**
STREET ADDRESS **6 CEDARFIELD TERRACE**
CITY-ST-ZIP **ST-JAMES, NEW YORK 11810**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: *George W. Kennedy* **4/17/03** **(516)932-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)