

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90508 026 ***150.00

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DOCUMENT # P97000026172

1. Entity Name
FINANCIAL CONSULTANTS OF CENTRAL FLORIDA, INC.



Principal Place of Business
911 N MAIN ST
STE 7B
KISSIMMEE FL 34744
US

Mailing Address
911 N MAIN ST
STE 7B
KISSIMMEE FL 34744
US

2. Principal Place of Business
231 S. RUBY AVE
Suite, Apt. #, etc.
Suite F

3. Mailing Address
231 S. RUBY AVE.
Suite, Apt. #, etc.
Suite F

City & State
KISSIMMEE, FL
Zip
34741
Country
USA

City & State
KISSIMMEE, FL
Zip
34741
Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3452568**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CARR, MICHAEL C.
911 N MAIN ST
STE 7B
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name
CARR, MICHAEL C.
Street Address (P.O. Box Number is Not Acceptable)
231 S. RUBY AVE
Suite F
City **KISSIMMEE** **FL** **Zip Code** **34741**

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 MICHAEL C. CARR (NOTE: Registered Agent signature required when reinstating)**

1-15-03

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**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **CARR, MICHAEL C**
STREET ADDRESS **911 N MAIN ST, STE 7B**
CITY-ST-ZIP **KISSIMMEE FL 34744**

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
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CITY-ST-ZIP

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P/D ☒ **Change** ☐ **Addition**
NAME **CARR, MICHAEL C.**
STREET ADDRESS **231 S. RUBY AVE. Suite F**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

VP/S/T/D ☐ **Change** ☒ **Addition**
NAME **CARR, JULIA C.**
STREET ADDRESS **231 S. RUBY AVE. Suite F**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

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 an other like empowered.

SIGNATURE: **1-15-03** **407-847-7778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)