

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90183 040 \*\*\*150.00

DOCUMENT # P97000105274

1. Entity Name  
DISTINCTIVE FINANCIAL SERVICES, INC.



Principal Place of Business  
~~NW 17TH AVENUE~~  
DELRAY BEACH FL 33445

Mailing Address  
~~NW 17TH AVENUE~~  
DELRAY BEACH FL 33445



2. Principal Place of Business  
1300 N.W. 17<sup>th</sup> Avenue  
Suite, Apt. #, etc.  
155

3. Mailing Address  
1300 N.W. 17<sup>th</sup> Avenue  
Suite, Apt. #, etc.  
155

☐ CHECK HERE IF MAKING CHANGES

City & State  
DeLray Beach, FL  
Zip  
33445  
Country  
USA

City & State  
DeLray Beach, FL  
Zip  
33445  
Country  
USA

4. FEI Number 65-0810600

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DIORENZO, TERESA A  
~~NW 17TH AVENUE~~  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1300 N.W. 17<sup>th</sup> Avenue #155  
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 1/24/03

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME DIORENZO, TERESA A  
STREET ADDRESS 1319 SW 48TH TERRACE  
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE S  
NAME DIORENZO, CAMILLE  
STREET ADDRESS 10900 PALM RIDGE LANE  
CITY-ST-ZIP TAMARAC FL 33334 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 561-278-6049

CR2E034 (10/02)