2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000003021 DOCUMENT

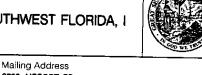
1. Entity Name



Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90743 001 ***150.00

FILED

ALLIANCE FINANCIAL GROUP OF SOUTHWEST FLORIDA, I NC.



Principal Place of Business 3785 AIRPORT RD 3785 AIRPORT RD SUITE A SUITE A NAPLES FL 34105 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. City & State City & State

Zip

|--|

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0811241

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

BARTON, BERNE L 3785, AIRPORT RD SUITE A NAPLES FL 34105

- ,	-	-	-			•	
Street Ac	dress	(PO B	ov Ni	ımher ic t	VIOT I	Accortat	

City

Name

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.

Country

SIGNATURE

Zip

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition BARTON, BERNE L NAME NAME STREET ADDRESS 3785 AIRPORT RD SUITE A STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP **VPS** TITLE ☐ Delete TITLE Change ☐ Addition NAME TOLLITTE, CHRISTOPHER NAME STREET ADDRESS 3785 AIRPORT RD STE A STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

239-643-19*3*4

☐ Change

☐ Change

☐ Addition

Addition