

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90034 001 \*\*\*872.50

**DOCUMENT # P98000007990**

**1. Entity Name**  
**FEDERATED FINANCIAL SERVICES, INC.COM**

**Principal Place of Business**  
**3275 W HILLSBORO BLVD**  
**STE 110**  
**DEERFIELD BEACH FL 33442**  
**US**

**Mailing Address**  
**3275 W HILLSBORO BLVD**  
**STE 110**  
**DEERFIELD BEACH FL 33442**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0807673**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~COLEMAN, ANTHONY G JR~~  
~~6194 NORTH FEDERAL HWY.~~  
~~BOCA RATON FL 33487~~

Name **ANTHONY G. COLEMAN, JR.**  
 Street Address (P.O. Box Number is Not Acceptable)

**3275 W. HILLSBORO BLVD #207**

City **DEERFIELD BEACH** **FL** Zip Code **33442**

**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.**

**SIGNATURE** *[Signature]*  
 Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/3/01**  
 DATE

**9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.** ☒  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**TITLE** **PD** ☐ Delete  
**NAME** **COLEMAN, ANTHONY G JR.**  
**STREET ADDRESS** **% 6194 NORTH FEDERAL HWY.**  
**CITY-ST-ZIP** **BOCA RATON FL 33487**

**TITLE** **VD** ☐ Delete  
**NAME** **MILLER, STEVEN**  
**STREET ADDRESS** **% 6194 NORTH FEDERAL HWY.**  
**CITY-ST-ZIP** **BOCA RATON FL 33487**

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☒ Change ☐ Addition  
**NAME** **ANTHONY G. COLEMAN, JR.**  
**STREET ADDRESS** **3275 W. HILLSBORO BLVD #207**  
**CITY-ST-ZIP** **DEERFIELD BEACH FL 33442**

**TITLE** **VPD** ☒ Change ☐ Addition  
**NAME** **MILLER, STEVEN**  
**STREET ADDRESS** **3275 W. HILLSBORO BLVD #110**  
**CITY-ST-ZIP** **DEERFIELD BEACH, FL 33442**

**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**

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/3/01**  
 Date

Daytime Phone #

CR2E034 (10/00)