

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0413006 AV

DOCUMENT # P98000007990

1. Entity Name

FEDERATED FINANCIAL SERVICES, INC.



FILED

03 APR 28 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, ANTHONY G JR
3275 W. HILLSBORO BLVD.
STE 207
DEERFIELD BEACH FL 33442

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 State9. 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 PD
NAME EISENBERG, MARGARET
STREET ADDRESS 3275 W. HILLSBORO BLVD. #110
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ DeleteTITLE ☐ Change ☐ Addition
NAME 800018463878
STREET ADDRESS 05/07/03--01100--001 **3236.25
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)