

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90157 033 ***150.00

DOCUMENT # P98000010466 ✓

1. Entity Name

Independence Financial Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11300 Sundance Lane
Suite, Apt. #, etc.

3. Mailing Address

11300 Sundance Lane
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0817488

Applied For

Not Applicable

Zip

33428

Country

U.S.

Zip

33428

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Richard Lilly

Street Address (P.O. Box Number is Not Acceptable)

11300 Sundance Ln.

City

Boca Raton

FL

Zip Code

33428

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE President
NAME Richard Lilly
STREET ADDRESS 11300 Sundance Ln.
CITY- ST- ZIP Boca Raton, FL 33428

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Vice President
NAME Tina Lilly
STREET ADDRESS 11300 Sundance Ln.
CITY- ST- ZIP BR, FL 33428

TITLE
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CITY- ST- ZIP

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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-22-02

Date

561-487-4864

Daytime Phone #

CR2E034B (12/01)