## \* AMENDED

2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						ŗĬĹĔĎ				
DOCUMENT # P98000023573  1. Entity Name FINANCING SOLUTIONS, INC.						03.AUG 25 AM SECRETARY OF TALLAHASSEE, I	8: 30 STATE			
Principal Place of Business 1900 NW CORPORATE BLVD #400E BOCA RATON, FL 33431 US		Mailing Address 1900 NW CORPORATE BLVD #400E BOCA RATON, FL 33431 US						· .		
2. Principal Place of Business		3. Malling Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
City & State		City & State			4. FEI Number 59-3494952		- <del> </del>	plied For Applicable		
Zip 	Country	Zip	Country	<u>,,</u>		ertificate of Status Desired	'	8.75 Add e Required		
	6. Name and Address of Current	Registered Agent			7. N	ame and Address of Nev	Registered Ag	ent		
SCHUSTER, MARTIN L 2181 NW 62ND DR BOCA RATON, FL 33496				Street Address (P.O. Box Number is Not Acceptable)						
			Ci	1900 NW CORPORATE BLVD. #400E  OITY BOCA RATON FL 33331						
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 primed name of legistared agent and time if applicable. (NOTE: Registered Agents greature required when reinstating)  OATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  And Contribution  Added to Fees								O May Be		
Make Check 10.	Payable to Florida Department OFFICERS AND	of State	11.	· · · · · ·	ADI	DITIONS/CHANGES TO O	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVT SCHUSTER, RICK H 1900 NW CORPORATE BLVD # BOCA RATON, FL 33431	□ Celete	TITLE NAME STREET ADD CITY-ST-ZI	ſ		3 <b>000</b> 22 08/25/030110	5545 0003	**61.2	Addition §	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADE CITY-ST-28		•		(	Change	Adation	
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 of the corporation or the receiver or tradee 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:  SIGNATURE AND TYPED OR PENTED NAME OF SIGNATURE OR DIRECTOR										