

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90235 036 ***150.00

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DOCUMENT # P98000024292

1. Entity Name
TOWER FINANCIAL GROUP, INC.



Principal Place of Business
**2722 W. ATLANTIC BLVD., SUITE 22
POMPANO BEACH FL 33069**

Mailing Address
**2722 W. ATLANTIC BLVD., SUITE 22
POMPANO BEACH FL 33069**



2. Principal Place of Business

3. Mailing Address

9690 W. SAMPLE ROAD

9690 W. SAMPLE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 102

STE. 102

City & State

City & State

CORAL SPRINGS, FL.

CORAL SPRINGS, FL.

Zip

Zip

33065

33065

Country

Country

BROWARD

BROWARD

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0826325**

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

**INGENITO, SAMUEL
2722 W. ATLANTIC BLVD., SUITE 22
POMPANO BEACH FL 33069**

Name **SAMUEL INGENITO**

Street Address (P.O. Box Number is Not Acceptable)
9690 W. SAMPLE ROAD

STE. 102

City **CORAL SPRINGS**

FL

Zip Code **33065**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 11, 2003

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. 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 **P** ☐ Delete
NAME **INGENITO, SAMUEL C**
STREET ADDRESS **2722 W. ATLANTIC BLVD STE 22**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **P** ☒ Change ☐ Addition
NAME **INGENITO, SAMUEL C**
STREET ADDRESS **9690 W. SAMPLE ROAD STE. 102**
CITY-ST-ZIP **CORAL SPRINGS, FL. 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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

4/11/03

Date

(954) 753-9292

Daytime Phone #

CR2E034 (10/02)