352-686-<u>5200</u>

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Donald W DeBoer, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P98000056126 DEBOER FINANCIAL SOLUTIONS, INC. 04-26-2001 90100 032 \*\*\*150.00 Principal Place of Business Mailing Address 5623 US 19. SUITE 213 5623 US 19. SUITE 213 լկկնեննն **NEW PORT RICHEY FL 34652** NEW PORT RICHEY FL 34652 2. Principal Place of Business 3. Mailing Address 108 Commercial Way 108 <u>Commercial Way</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3516916 Spring Hill, FL Not Applicable <u>Sprinc Hill</u> Country Country \$8.75 Additional 5. Certificate of Status Desired 34606 Hernando 34606~~ Hernando 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEBOER, DONALD W Street Address (P.O. Box Number is Not Acceptable) 5623 US 19, SUITE 213 **NEW PORT RICHEY FL 34652** City 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 Donald W DeBoer, Pres of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. М Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) Delete TITLE Change ☐ Addition DeBoer Donald DEBOER, DONALD W NAME NAME STREET ADDRESS 5623 US 19, SUITE 213 STREET ADDRESS 108 Commercial Way CITY-ST-7IP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP Spring Hill, FL 34606 TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.