

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094938

1. Entity Name

CORNERSTONE FINANCIAL SOLUTIONS, INC.

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90026 017 \*\*\*150.00

Principal Place of Business

3000 W. 9 MILE ROAD  
PENSACOLA FL 32534

Mailing Address

PO BOX 11576  
PENSACOLA FL 32524  
US

2. Principal Place of Business

6704C Plantation Road

3. Mailing Address

P.O. Box 11576

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola Florida

City & State

Pensacola Florida

Zip

32504

Country

USA

Zip

32524

Country

USA

4. FEI Number

59-3543024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRAKEFIELD, JON  
3000 W 9 MILE RD  
PENSACOLA FL 32534

7. Name and Address of New Registered Agent

Name

Jon Brakefield

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

6704C Plantation Road

City

Pensacola

FL

Zip Code

32504

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

*Jon F. Brakefield, President*

3/24/01

Signature, word 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) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**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          | P                   | <input checked="" type="checkbox"/> Delete |
| NAME           | SIMMONS, DEVIN K    |  |
| STREET ADDRESS | 3000 W. 9 MILE ROAD |  |
| CITY-ST-ZIP    | PENSACOLA FL 32534  |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | GRIFFIN, KEITH      |  |
| STREET ADDRESS | 3000 W. 9 MILE ROAD |  |
| CITY-ST-ZIP    | PENSACOLA FL 32534  |  |
| TITLE          | TVP                 | <input type="checkbox"/> Delete            |
| NAME           | BRAKEFIELD, JON F   |  |
| STREET ADDRESS | 3000 W 9 MILE RD    |  |
| CITY-ST-ZIP    | PENSACOLA FL 32534  |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | VICE PRESIDENT / SEC. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | KEITH GRIFFIN         |  |
| STREET ADDRESS | 6704C PLANTATION ROAD |  |
| CITY-ST-ZIP    | PENSACOLA, FL 32504   |  |
| TITLE          | PRESIDENT / TREAS.    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JON BRAKEFIELD        |  |
| STREET ADDRESS | 6704C PLANTATION ROAD |  |
| CITY-ST-ZIP    | PENSACOLA, FL 32504   |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| 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.

SIGNATURE:

*Jon F. Brakefield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01

Date

850-477-0800

Daytime Phone #

CR2E034 (10/00)

0466757