APR-28-03 MON 11:54 AM BROAD AND CASSEL WPB FAX NO.

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90365 018 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047976

1. Entity Name
FINANCIAL SECURITY AWARENESS, INC.

Principal Place of Business
2285 ELDORADO COURT
SAINT CLOUD, FL 34771

Mailing Address
2285 ELDORADO COURT
SAINT CLOUD, FL 34771

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0930320 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEINBERG, ROY G
18372 SE HERITAGE DRIVE
TEQUESTA, FL 33469

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when statement)

[redacted]

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 NAME STREET ADDRESS CITY-ST-ZIP	P WEINBERG, ROY G 18372 SE HERITAGE DRIVE TEQUESTA, FL 33469 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEMPER, CAROLE 2285 EL DORADO CT SAINT CLOUD, FL 34771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 ch. 607, Florida Statutes; and that my name appears in block 10 or 11 with an office title or director title indicated, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carole Kemper Sec./Treas. 4/28/03 407-846-3411
Signature and Title of Officer or Director — Date — Daytime Phone Number

CFR2E034 (10/02)