

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90278 009 ***150.00

DOCUMENT #	1. Entry Name	2003
	P99000065645	
PURITY FINANCIAL SERVICES, INC.		

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11013939

2. Principal Place of Business		3. Mailing Address	
3887 CHAPELGATE ROAD			
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
JACKSONVILLE, FL			
Zip	Country	Zip	Country
32223	DUVAL		

4. FEI Number	Applied For
59-3591212	Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name: DAVID M. LINGER, CPA	
Street Address (If C. Box Number is Not Applicable): 302 THIRD ST., SUITE 5	
City	State Zip
NEPTUNE BEACH	FL 32266

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	
SIGNATURE	DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so. ☐ (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
PST	DELLA FAULKNER		
	3887 CHAPELGATE ROAD		
	JACKSONVILLE, FL 32223		
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 827, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Della Faulkner</i>	DATE: 4/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CP2ED34B (12/01)