

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90023 022 ***150.00

DOCUMENT # P99000074887

1. Entity Name

EXETER FINANCIAL GROUP, INC.

Principal Place of Business

**1343 MAIN STREET 5TH FLOOR
 SARASOTA FL 34326**

Mailing Address

**1343 MAIN STREET 5TH FLOOR
 SARASOTA FL 34326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0945105

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GROGAN, JOHN

**1343 MAIN STREET 5TH FLOOR
 SARASOTA FL 34326**

Name **RICK STEPHENSON**

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

1343 MAIN STREET, 5TH FLOOR 501-B

City **SARASOTA**

FL

Zip Code **34236**

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 **RICK STEPHENSON, CO-PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Rick Stephenson

1/20/2002

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Delete
 NAME **STEPHENSON, RICK**
 STREET ADDRESS **4031 BASSWOOD**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **CO-PRESIDENT, T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPTD** ☒ Delete
 NAME **GROGAN, JOHN P**
 STREET ADDRESS **3409 SECRET COVE PL**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **CO-PRESIDENT, S** ☐ Change ☒ Addition
 NAME **LANCE CHRISTIANSON**
 STREET ADDRESS **4120 WINDEMERE PLACE**
 CITY-ST-ZIP **SARASOTA, FLORIDA 34231**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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: *Rick Stephenson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2002 (941) 365-4457

Date

Daytime Phone #

CR2E034 (9/01)