954-

2001 UNIFORM BUSINESS REPORT (UBR)

· 2001	UNIFORM BUSI	NESS REPOR	T (UBF	?)	·	FIL		
DOCUMENT # P99000081891					Jul 31, 2001 8:00 am Secretary of State			
NATIONAL PROPERTY INSPECTIONS, OF BROWARD COUNTY						07-31-2001 9024		
Principal Place	e of Business	Mailing Address						
11022 NW 54 CORAL SPRIN		11022 NW 54TH COURT CORAL SPRINGS FL 33076					~	
O Data da al D	Vancous Provinces	D. Malling Address						
2. Principal Place of Business 3. 731 N.E. 30th Avenue 3. Mailing Address 3731 N.E. 30 Suite, Apt. #, etc. Suite, Apt. #, etc.			th Aven	ue		DO NOT WRITE IN	THIS SPACE	
City & State		City & State			4. FEI Number			plied For
Lighth	nouse Point, FL Lighthouse Poi					65-0947969 Status Desired	\$8.75 Add	t Applicable
33064	USA 6. Name and Address of Current I		USA			ddress of New Regis	Fee Require	d v
FINANCIA	AL FOUNDATIONS, INC.		Name Street A	ddress (P	O. Box Number	is Not Acceptable)		:
3150 SANDY RIDGE DR. CLEARWATER FL 33761								
4		•	City				FL Zip Cod	e (
8The above	named entity submits this statement for	the purpose of changing its reg	istered office or	registere	d agent, or both,	in the State of Florida		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Reg	gistered Agent signatu	ure required w	rhen reinstating)		DATE	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! I After September 12, 20 Make Check Payable t	001 Fee will b	e \$750.0	0 Trust	ion Campaign Financi Fund Contribution	+	May Be I to Fees
11.	OFFICERS AND I	DIRECTORS	12.		ADDITIONS/C	HANGES TO OFFICER	S AND DIRECTOR	
TITLE NAME STREET ADDRESS	P BARSALONA, DONALD H	☐ Delete	TITLE NAME STREET ADDRESS	P BAR	SALONA,	DONALD H	₹ Change	☐ Addition
CITY-ST-ZIP	11022 NW 54TH COURT CORAL SPRINGS FL 33076		CITY-ST-ZIP	373 "LTG	1 NE. HTHOUSE	-30th-Aven POINT, FI		
NAME STREET ADDRESS	VP Delete TITE BARSALONA, MARILYN A 11022 NW 54TH COURT			3,3, m.n. Soen mychae				
CITY-ST-ZIP	CORAL SPRINGS FL 33076	Delete	CITY-ST-ZIP TITLE	-LIG	HTHOUSE	POINT FL	*** 3:3:0 6:4	Addition
NAME STREET ADDRESS		L Delete	NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			···	C Observe	
name		□ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP				_	
TITLE NAME	,	☐ Delete	TITLE NAME			,	☐ Change	☐ Addition }
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip		•			
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and accurate and that my s wered to execute this report as	sionature shall h	ave the sa	ame legal ettect a	as it made under oath:	that I am an officer	or director 1