

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19933

1. Entity Name

GENERAL FINANCIAL, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90044 005 ***150.00

Principal Place of Business

Mailing Address

819 BAYSHORE BLVD
TAMPA FL 33606
US

819 BAYSHORE BLVD
TAMPA FL 33606-2733
US

00000701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4047 HENDERSON BLVD.

3. Mailing Address

4047 HENDERSON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number 59-3051697

Applied For
Not Applicable

Zip
33629

Country
HILLSBOROUGH

Zip
33629

Country
HILLSBOROUGH

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

MOSELEY, WAYNE J.
819 BAYSHORE BLVD
TAMPA FL 33606

Name
MOSELEY, WAYNE-J.
Street Address (P.O. Box Number is Not Acceptable)
4047 HENDERSON BLVD.

City TAMPA FL Zip Code 33629

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 WAYNE J. MOSELEY, REGISTERED AGENT DATE 4/5/00

Signature, typed 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, 2000 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 DP ☒ Delete
NAME MOSELEY, WAYNE J
STREET ADDRESS 819 BAYSHORE BLVD
CITY-ST-ZIP TAMPA FL

TITLE D/P ☒ Change ☐ Addition
NAME MOSELEY, WAYNE J.
STREET ADDRESS 4047 HENDERSON BLVD.
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: WAYNE J. MOSELEY, PRESIDENT DATE 4/5/00 813-637-8890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #