

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90008 037 ***150.00

DOCUMENT # S19933

1. Entity Name

GENERAL FINANCIAL, INC.

Principal Place of Business

Mailing Address

**4047 HENDERSON BLVD
TAMPA FL 33629
US**

**4047 HENDERSON BLVD
TAMPA FL 33629
US**

2. Principal Place of Business

3. Mailing Address

6409 Bayshore Blvd

6409 Bayshore Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Tampa FL

4. FEI Number

59-3051697

Applied For

Not Applicable

Country

Country

Zip

Country

33611

USA

33611

USA

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.
4047 HENDERSON BLVD
TAMPA FL 33629**

**Moseley, Wayne J.
6409 Bayshore Blvd.**

City

Tampa

State

Zip

FL 33611

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

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

(NOTE: Registered Agent signature required when reinstating)

Wayne J. Moseley

4/04/01

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, 2001 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 **4047 HENDERSON BLVD**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **DP** ☒ Change ☐ Addition
NAME **Moseley, Wayne J**
STREET ADDRESS **6409 Bayshore Blvd.**
CITY-ST-ZIP **Tampa, FL 33611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

4/4/01

Daytime Phone #

813-805-6610

CR2E034 (10/00)