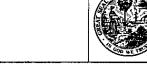
Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90119 028 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

S69902 DOCUMENT #

1. Entity Name



POTTS FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address P.O. BOX 10318 222 LAFAYETTE CIRCLE TALLAHASSEE FL 32303 TALLAHASSEE FL 32302 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3077474 Zip Country\_\_\_ Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POTTS, ALAN N. 222 LAFAYETTE CIR TALLAHASSEE FL 32303

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	EL ELEK (1881) BIBIN BIBIN BIBIN BIBIN BIBIN BIBIN BIBIN

☐ CHECK HERE IF MAKING CHANGES Applied For

\$8.75 Additional -5.-Certificate of Status Desired----

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

8. The above named entity submits this statement for the pt anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen

City

SIGNATURE Signature, typed or printed name

(NOTE: Registered Agent signature required when reinstating)

Zip Code

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Not Applicable

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE Change POTTS, ALAN N. NAME NAME 222 LAFAYETTE CIRCLE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with ar acc

SIGNATURE: