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2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

Feb 04, 2002 8:00 am Secretary of State V32341 DOCUMENT # 1. Entity Name CERWIN FINANCIAL SERVICES, INC. 02-04-2002 90026 028 ***150.00 Principal Place of Business Mailing Address 2653 MCCORMICR DRIVE 2401 PINNACLE CT. N. CLEARWATER N. 33759 PALM HARBOR FL 34684 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3120630 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent CERWIN, GEORGE F. III Street Address (P.O. Box Number is Not Acceptable) 2401 PINNACLE CT. N. PALM HARBOR FL 34684 Zip Code FL pose of changing its registered office or registered agent, or both, in the State of Florida. he above n SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 CERWIN, GEORGE F. III NAME NAME 2401 PINNACLE CT. N. STREET ADDRESS STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP CITY-ST-ZIP VTD TITLE ☐ Delete TITLE Change ☐ Addition CERWIN, SUE A NAME NAME 2401 PINNACLE CT. N. STREET ADDRESS STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12