

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90289 041 ***150.00

0619413 AT

DOCUMENT # V58091

1. Entity Name
NATIONAL FINANCIAL SERVICES GROUP, INC.



Principal Place of Business
4760 TAMiami TRAIL N
STE. #22
NAPLES FL 33940

Mailing Address
10 GENTRY LANE
AMBLER PA 19002
US

11013260



2. Principal Place of Business

3. Mailing Address

315 SANTA ANITA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

NORTH WALES, PA.

4. FEI Number 65-0351457

Applied For

Not Applicable

Zip

Country

Zip

Country

19454

US

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

ROSS, DONALD K., JR.
C/O PORTER WRIGHT MORRIS & ARTHUR
4501 TAMiami TRAIL N. #400
NAPLES FL 33940

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HOFFMAN, CHARLES	
STREET ADDRESS	10 GENTRY LANE	
CITY-ST-ZIP	AMBLER PA 19002	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOFFMAN, ROSALIE A.	
STREET ADDRESS	10 GENTRY LANE	
CITY-ST-ZIP	AMBLER PA 19002	
TITLE		<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Hoffman* **CHARLES HOFFMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-03 215-368-8992
Date Daytime Phone #

CR2E034 (10/02)