

2001 UNIFORM BUSINESS REPORT (UBR)

0267241

DOCUMENT # **513089**
1ST STREET AGENCY, INC

FILED

01 JUN 11 PM 4:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1300 SAWGRASS CORPORATE PKWY, SUITE 300 SUNRISE CORPORATE PLAZA ONE SUNRISE FL 33323-2804		Mailing Address 1300 SAWGRASS CORPORATE PKWY, SUITE 300 SUNRISE CORPORATE PLAZA ONE SUNRISE FL 33323-2804	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

[REDACTED]
 DO NOT WRITE IN THIS SPACE **00-01**

4. FEI Number 59-1689622	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

GALLOWAY, AMY J
DUKE MULLIN & GALLOWAY PA
1700 EAST LAS OLAS BLVD. PH I
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
DOUGLAS W. BULLINGTON

Street Address (P.O. Box Number is Not Acceptable)
1ST STREET AGENCY, INC

1300 SAWGRASS CORP PKWY SUITE 300

City **SUNRISE** FL Zip Code **33323**

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]** **DOUGLAS W. BULLINGTON PRESIDENT** **6/5/01**
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.

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	
TITLE D. PRESIDENT	<input type="checkbox"/> Delete
NAME BULLINGTON, DOUGLAS W	
STREET ADDRESS 1300 SAWGRASS CORPORATE PKWY, SUITE 300	
CITY-ST-ZIP SUNRISE FL 33323-2804	
TITLE DIRECTOR	<input type="checkbox"/> Delete ADD
NAME BROOKS M MUSE II	
STREET ADDRESS 1300 SAWGRASS CORP PKWY #300	
CITY-ST-ZIP SUNRISE FL 33323	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARIDAD GARCELL	
STREET ADDRESS 1300 SAWGRASS CORP PKWY #300	
CITY-ST-ZIP SUNRISE FL 33323	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **[Signature]** **4-W-01 954-331-4812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)