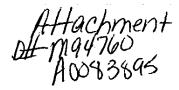
FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Sep 06, 2001 8:00 am Secretary of State DOCUMENT # **M94760** 09-06-2001 90269 006 \*\*\*150.00 1ST FINANCIAL SERVICES GROUP, INC. Principal Place of Business Mailing Address % RONALD E. PRIEBE 9205 N EDISON AVE A0083895 P. O. BOX 82339 **TAMPA FL 33612 TAMPA FL 33682** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2909355 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRIEBE, RONALD E. Street Address (P.O. Box Number is Not Acceptable) 9205 N. EDISON AVE. TAMPA FL 33612 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE PRIEBE, RONALD E. NAME NAME 9205 N. EDISON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP - TITLE Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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:





## 1st Financial Services Group, Inc.

Post Office Box 82339, Tampa, Florida 33682

(813) 933-4699

(800) 330-3820 FAX: (813) 932-2319

08-31-01

DIVISION of CORPORATIONS Uniform Business Report Filings POB 1500 Tallahassee,FL. 32302-1500

RE:1st. Financial Services Group.Inc.

Doc. M94760

FEI 59-2909355

Sir/Madam:

Please find enclosed original 2001 Uniform Business Report, due 05-01-01, along with draft for original fee of \$150.00

This report was misplaced in April 01 and found un-mailed this day, while preparing for the corporate tax filing due 09-15-01

I plead that the \$550 fee due 09-12-01 be waived and the original \$150 be accepted due to oversite and error in failing to mail the completed form. It sounds like a weak excuse but it is the truth.

Please consider this request. I am a small corporation and the higher fee would cause an extreme hardship.

Thank you for your consideration of this request.

Sincerely,

Ronald E. Priébe

1st.Financial Services Group, Inc.

Enclosure: 2001 Uniform Bus.Report \$150(original Feee)

