

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90149 043 \*\*\*150.00

DOCUMENT # P01000061548  
1. Entity Name  
**FLORIDA FIRST PROTECTIVE AGENCY**

**DO NOT WRITE IN THIS SPACE**

054379

2. Principal Place of Business  
**807 BELVEDERE ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 8732**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**WEST PALM BEACH FLA.**

City & State  
**WEST PALM BEACH FLORIDA**

Zip  
**33405**

Country  
**PAIM BEACH**

Zip  
**33407**

Country  
**PAIM BEACH**

4. FEI Number  
**65-119754**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent


Name  
**JACQUES NICHOLAS**

Street Address (P.O. Box Number is Not Acceptable)  
**950 45<sup>TH</sup> STREET**

City  
**WEST PALM BEACH**

FL Zip Code  
**33407**

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  DATE **4/24/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

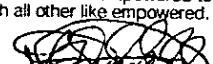
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                         |   |  |                                   |
|--|---|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P NICHOLAS JACQUES</b><br><b>950 45<sup>TH</sup> STREET</b><br><b>WEST PALM BEACH FLA. 33407</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4/24/02** (561) 305-1095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #