

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90377 048 ***150.00

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1. Entity Name
FIRST STATE FINANCIAL CORPORATION

Principal Place of Business
**22 SOUTH LINKS AVENUE
SARASOTA FL 34236**

Mailing Address
**22 SOUTH LINKS AVENUE
SARASOTA FL 34236**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0771145		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BEYMER, ROBERT H 22 SOUTH LINKS AVENUE SARASOTA FL 34236				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 _____ (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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HARRINGTON, DANIEL			NAME	COREY CAUGHLIN		
STREET ADDRESS	24100 CHAGRIN BLVD SUITE 340			STREET ADDRESS	8457 GARDENS CIRCLE		
CITY-ST-ZIP	BEACHWOOD OH 44122			CITY-ST-ZIP	SARASOTA, FL 34243		
TITLE	V	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BEYMER, ROBERT H			NAME	MARSHALL REYNOLDS		
STREET ADDRESS	214 N. BLVD. WEST			STREET ADDRESS	P.O. Box 4040		
CITY-ST-ZIP	HUNTINGTON WV 25701			CITY-ST-ZIP	HUNTINGTON, WV 25742		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHELL, ROBERT L. JR.			NAME			
STREET ADDRESS	1140 S. HARBOR DR.			STREET ADDRESS			
CITY-ST-ZIP	SINGER ISLAND FL 33404			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCAGGS, NEAL W			NAME			
STREET ADDRESS	302 CENTRAL AVE.			STREET ADDRESS			
CITY-ST-ZIP	LOGAN WV 25601			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRIGHT, THOMAS W			NAME			
STREET ADDRESS	1517 DIEDERICH ROAD			STREET ADDRESS			
CITY-ST-ZIP	RUSSELL KY 41169			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIRTO, MARY J			NAME			
STREET ADDRESS	6525 GULF OF MEXICO DR			STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL 34228			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: _____ **SIGNATURE REQUIRED** **4-28-03** **941-929-9000**

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

CR2E034 (10/02)