

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

097000108982

1. Entity Name

FLORIDA FINANCIAL SERVICES & TRUST ADMINISTRATION, INC.

FILED

00 MAR -6 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 1416 S.W. 48TH TERRACE, CAPE CORAL, FL 33914-8905  
Mailing Address: 1416 S.W. 48TH TERRACE, CAPE CORAL, FL 33914-8905

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: City & State: 4. FEI Number: 65-0802488 Applied For: Not Applicable

Zip: Country: Zip: Country: 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: JEFFREY R. FLESNER, 1416 S.W. 48TH TERRACE, CAPE CORAL, FL 33914-8905  
7. Name and Address of New Registered Agent: Name: JEFFREY R. FLESNER, Street Address: 1416 S.W. 48TH TERRACE, City: CAPE CORAL, FL, Zip Code: 33914-8905

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: (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.  (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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                       |                                   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |                                    |
|--|-----------------------------------|--|------------------------------------|
| TITLE: PRESIDENT <input type="checkbox"/> Delete | NAME: JEFFREY R. FLESNER          | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: 400003170714--0              |
| STREET ADDRESS: 1416 S.W. 48TH TERRACE           | CITY-ST-ZIP: CAPE CORAL, FL 33914 | STREET ADDRESS: -03/15/00--01037--008                                    | CITY-ST-ZIP: ****150.00 ****150.00 |
| TITLE: <input type="checkbox"/> Delete           | NAME:                             | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME:                              |
| STREET ADDRESS:                                  | CITY-ST-ZIP:                      | STREET ADDRESS:  | CITY-ST-ZIP:                       |
| TITLE: <input type="checkbox"/> Delete           | NAME:                             | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME:                              |
| STREET ADDRESS:                                  | CITY-ST-ZIP:                      | STREET ADDRESS:  | CITY-ST-ZIP:                       |
| TITLE: <input type="checkbox"/> Delete           | NAME:                             | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME:                              |
| STREET ADDRESS:                                  | CITY-ST-ZIP:                      | STREET ADDRESS:  | CITY-ST-ZIP:                       |
| TITLE: <input type="checkbox"/> Delete           | NAME:                             | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME:                              |
| STREET ADDRESS:                                  | CITY-ST-ZIP:                      | 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: DATE: 02-10-00 DAYTIME PHONE #: 278-0300

CR2E034 (9/99)